## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 04 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

•	MENT # F28585 R Ross Ingham & CO.	j (0)				
Principal Place	e of Business	Mailing Address			- 1	8(1 9181) 8(8)1 8(8)1 9(8)1 (88)
400 PARK AVENUE		400 PARK AVENUE				
NEW YORK NY 10022		NEW YORK NY 10022				
					DO NOT WRITE IN THIS	SPACE
					3. Date incorporated or Qualified	
<b>A B</b>					04/06/1981	<del></del>
——,	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. # etc.		Suite, Apt. #, etc.			59-2082912	Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the co	
24	25	29	30		Personal Property Tax due June 30.	Yes XNo
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	3 Agent
CT	CORPORATION SYSTEM		81  1	lame		
	00 <b>S</b> . PINE ISLAND ROAD		<b>82</b> S	Street Addre	ss (P.O. Box Number is Not Acceptable)	
PL	ANTATION FL 33324					······
			83			
			<b>84</b> C	City		85 Zip Code
					F	
office or r	regi <b>stered</b> agent, or both, in the State :	of Florida. Such change was	authorized by th	amed corpo le corporatio	pration submits this statement for the purpose on's board of directors. I hereby accept the ag	of changing its registered poointment as registered
agent I a	m familiar with, and accept the obliga	tions of, Section 607.0505, F	orida Statutes.			political and a grant and
SIGNATURE						
12.	Signature, typed or profest name of registers diagon OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	II Registered Agent s	ignature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
TITLE	D	DELETE	1.1 1/1LE		1,0011101107011111020 10 01110211071	Change Addition
NAME	ROSS, MARK E		1.2 NAME	1		
STREET ADDRESS	400 PARK AVE., 18TH FLOOP	1	1.3 STREET ADD	DAESS		
CITY-ST-ZIP	NEW YORK NY 10022	'	1.4 CITY-ST-Z			
TITLE		DFLETE	2.1 TITLE			Change Addition
NAME	BAKER, BRADLEY C		22 NAME			
STREET ADDRESS	400 PARK AVE., 18TH FLOOR	1	2.3 STREET ADD	ORESS		!
CITY-ST-ZIP	NEW YORK NY		2. 4 CITY-ST-Z	MP (	, ,	
TITLE		☐ DELET <b>e</b>	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADO	ORESS		
CITY-ST-ZIP			3.4 CITY-ST-Z	ZIP		
TITLE		☐ DELETE	4.1 TITLE	ĺ		Change Addition
NAME			4. 2 NAME	Ì		
STREET ADDRESS			4.3 STREET ADD	DRESS		
CITY-ST-ZIP		Libriere	4.4 CHY-ST-Z	IP		Observa Eddings
TITLE		L. DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADD	l l		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - Zi	<u>r                                     </u>		Change Addition
NAME		L. PETER	6.2 NAME			CT chanks CT vacation
STREET ADDRESS			6.3 STREET ADD	DRESS		
CITY-ST-ZIP			6.4 CITY-S1-ZI			
14. I hereby d	certify that the information supplied wil	h this filing does not qualify!	or the exemption	stated in S	ection 119.07(3)(i), Florida Statutes. I further	pertify that the information
indicated officer or	on this annual report or supplemental	annual report is true and acciver or trustee empowered to	curate and that n	ny signature	e shall have the same legal offect as if made used by Chapter 607, Florida Statutes; and that	under oath, that I am an