


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

FILED  
Mar 05 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F92000000171 (0)</b> 1. Corporation Name <b>FULLER + DEANE, INC.</b>			
Principal Place of Business <b>MARK L. FRIEDMAN</b> <b>75 ROCKEFELLER PLAZA, STE 900</b> <b>NEW YORK, NY 10019</b>		Mailing Address <b>MARK L. FRIEDMAN</b> <b>75 ROCKEFELLER PLAZA, STE 900</b> <b>NEW YORK, NY 10019</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
P.D. SCHEUER, RICHARD J. JR. - DECEASED 75 ROCKEFELLER PLAZA, STE 900 NEW YORK, NY 10019		PD SILBERMAN, SIDNEY J. 425 PARK AVE, 17th FL NEW YORK, N.Y. 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
S COHEN, AMY S. 350 FIFTH AVE Rm 3410 NEW YORK, NY 10118		VD JOSEPH, PETER c/o 75 ROCKEFELLER PLAZA, STE 900 NEW YORK, NY 10019	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
T ZAHNER, DAVID c/o 350 FIFTH AVE, Room 1413 NEW YORK, NY 10118		T ZAHNER, DAVID c/o 350 FIFTH AVE, Room 1413 NEW YORK, NY 10118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
S FRIEDMAN, MARK L. c/o 75 ROCKEFELLER PLAZA, STE 900 NEW YORK, NY 10019		S FRIEDMAN, MARK L. c/o 75 ROCKEFELLER PLAZA, STE 900 NEW YORK, NY 10019	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/98

Date

212-275-1550

Daytime Phone #

CR2E034 (10/97)