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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F93000000035 (6)

A. FOSTER HIGGINS & CO., INC.

FILED Mar 26 1997 8:00am Secretary of State



Principal Plure of Business 125 BROAD STREET NEW YORK NY 10004		Maiting Address 125 BROAD STREET NEW YORK NY 10004-2400						
					3. Date Incorporated or Qualified 01/05/1993	3a. Date of t 03/04/1	_ast Report 996	
2. Principa	at Place of Business	2a. Mailing Address			4. FEt Number 13-3437435	T	Applied F	
1	Val. II also	Suite, Apt. #, etc.	····		10'0437400		Not Appli	
Suite, A	Apt #, etc.	27 Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	.75 Addition see Required	
City & S	State	City & State			6. Election Campaign Financing	\$:	5.00 May B	.——. Эе
]		28	·		Trust Fund Contribution		dded to Fees	
Zφ ⊐	Country	Zip	Country	,	8. This corporation has liability for in		nder s. 199.0)32,
<u> </u>	25 9. Name and Address of Curre	nt Registered Agent	30		Florida Statutes 10. Name and Address of New Rec	Yes No		
	C T CORPORATION SYSTEM		81	Name				
	1200 SOUTH PINE ISLAND ROAD		82	Street Add	ress (P.O. Box Number is Not Acceptable	le\		
P	PLANTATION FL 33324				7000 (1.0. Dox 110. 110. 110. 110. 110.			
			83	[
			84	City		85	Zip Code	
				l	poration submits this statement for the pr			
i, F	PD FELDTMOSE, JOHN N	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	C		
2 . IILF	PD							Additio
AM!			1 2 NAME					
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recommercy dering that the intermeted supplied with an string does not quality 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 of virustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or block | 3 if may be down an attachment with an address.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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