

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mayhew  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000000692 (4)

1. Corporation Name

PATRICK J. DONOHUE, INC.

Principal Place of Business

412 HARWOOD BLDG.  
SCARSDALE NY 10583

Mailing Address

412 HARWOOD BLDG.  
SCARSDALE NY 10583

APPROVED  
AND  
FILED

95 MAY -1 AM 8:39

RECEIVED STATE  
TALLAHASSEE, FLORIDA

900001476619

-05/04/95--01134--003

\*\*\*3200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1993

3a. Date of Last Report

03/15/1994

4. FEI Number

11-3000345

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. This corporation has liability for intangible tax under S. 199.035,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

VARELA, ANTONIO  
300 NW 82ND AVE., #507  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature of person named in Block 9 as registered agent, or the corporation

Signature of Registered Agent (signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD  
DONOHUE, PATRICK J  
3962 WICKS AVE.  
SEAFORD NY 11783

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

S  
HEWITT, CARL H  
20 E. 35TH ST., PH-G  
NEW YORK NY 10016

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

T  
MOSS, STEVEN  
412 HARWOOD BLDG.  
SCARSDALE NY 10583

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change

☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/95

(212) 433-7015

0475764

FP