

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:39

TALLAHASSEE, FLORIDA

DOCUMENT # F93000000870 (6)

1. Corporation Name

THE ROBERT W. LUCKOW CORPORATION

Principal Place of Business

412 HARWOOD BLDG.
SCARSDALE NY 10583

Mailing Address

412 HARWOOD BLDG.
SCARSDALE NY 10583

800001476608

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

3200.00 *200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1993

3a. Date of Last Report

03/15/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

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9. Name and Address of Current Registered Agent

VARELA, ANTONIO
300 NW 82ND AVE.
STE. 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 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent (required when filing this report)

Signature of Registered Agent (required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LUCKOW, ROBERT W
STREET ADDRESS	461 OLD POST RD.
CITY, ST, ZIP	WYKOFF NJ 07981
TITLE	S
NAME	HEWITT, CARL H
STREET ADDRESS	20 EAST 35TH STREET, PH-G
CITY, ST, ZIP	NEW YORK NY 10016
TITLE	T
NAME	MOSS, STEVEN
STREET ADDRESS	412 HARWOOD BLDG.
CITY, ST, ZIP	SCARSDALE NY 10583
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I 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)(b), 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. I am an officer or director of the corporation or the receiver or liquidator 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 addressee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/95 (22) 435-7015
Signature: [Signature]