

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

FILED
Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F93000002447 (1)

1. Corporation Name
IR PINE CORP.



Principal Place of Business C/O WEXFORD MANAGEMENT 411 WEST PUTNAM AVE. GREENWICH CT 06830 US	Mailing Address C/O WEXFORD MANAGEMENT 411 WEST PUTNAM AVE. GREENWICH CT 06830-6233 US
--	---

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/12/1993	3a. Date of Last Report 03/14/1996
21	26	4. FEI Number 13-2757115	Applied For Not Applicable
22 Suite Apt # etc.	27 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301		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 _____ DATE _____
Signature: Top name of principal place of business and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTZ, ROBERT	1.2 NAME	
STREET ADDRESS	411 WEST PUTNAM AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOVEIA, FRANK	2.2 NAME	
STREET ADDRESS	411 WEST PUTNAM AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAUMANN, MARK	3.2 NAME	
STREET ADDRESS	411 WEST PUTNAM AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHN, STEVE	4.2 NAME	
STREET ADDRESS	411 WEST PUTNAM AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	4.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYMUDES, JAY	5.2 NAME	
STREET ADDRESS	411 WEST PUTNAM AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMON, ARTHUR	6.2 NAME	
STREET ADDRESS	411 WEST PUTNAM AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	6.4 CITY-ST-ZIP	

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE: *Jay Maymudes* 1/17/97 (603) 862-7002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR Date Daytime Phone #

CR2E034 (9/96)