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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 # F93000002448 (9)

1. Corporation Name

PENAMI CORPORATION



Principal Place of Business

C/O CONCURRENCY MANAGEMENT CORP
411 WEST PUTNAM AVE.
GREENWICH CT 06830

Mailing Address

C/O CONCURRENCY MANAGEMENT CORP
411 WEST PUTNAM AVE.
GREENWICH CT 06830-8233

3. Date Incorporated or Qualified

05/12/1993

3a. Date of Last Report

03/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

13-2669943

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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 typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	HOLTZ, ROBERT	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GOVEIA, FRANK	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PLAUMAN, MARK	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KOHN, STEVE	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	MAYMUDES, JAY	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	V	<input type="checkbox"/> DELETE
NAME	AMRON, ARTHUR	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/97 (203) 862-7000

0001218

CR2E034 (9/96)