

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90143 043 ***150.00

DOCUMENT # F93000003573

1. Corporation Name
DVL, INC.

Principal Place of Business

24 RIVER ROAD
P. O. BOX 408
BOGOTA NJ 07603

Mailing Address

24 RIVER ROAD
P. O. BOX 408
BOGOTA NJ 07603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1993

4. FEI Number

13-2892858

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 70 East 55th Street

Suite, Apt. #, etc.

22 7th Floor

City & State

23 New York, NY

Zip

24 10022

Country

25 NY

2a. Mailing Address

26 70 East 55th Street

Suite, Apt. #, etc.

27 7th Floor

City & State

28 New York, NY

Zip

29 10022

Country

30 NY

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE
NAME **SMITHLINE, FREDERICK E**
STREET ADDRESS **250 PARK AVE., 14TH FL.**
CITY-ST-ZIP **NEW YORK NY 10177**

TITLE **D** ☐ DELETE
NAME **ROSENBERG, MICHAEL**
STREET ADDRESS **1370 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10023**

TITLE **P** ☐ DELETE
NAME **CASNOFF, ALAN E**
STREET ADDRESS **642 N. BROAD ST.**
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE **D** ☐ DELETE
NAME **YUDELL, ALLEN**
STREET ADDRESS **1715 MANDYLYNN COURT**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VPS** ☒ DELETE
NAME **BALDWIN, DANIEL**
STREET ADDRESS **24 RIVER ROAD**
CITY-ST-ZIP **BOGOTA NY**

TITLE **CFO** ☐ DELETE
NAME **FLICKER, GARY**
STREET ADDRESS **24 RIVER ROAD**
CITY-ST-ZIP **BOGOTA NJ**

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

Vice President Secretary

Jacoby, Sharon

70 East 55th Street, 7th Floor

New York, NY 10022

70 East 55th Street, 7th Floor

New York, NY 10022

14. I 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, with all other like empowered.

SIGNATURE:

Signature of Gary Flicker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)