


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

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FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90109 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003767
 1. Corporation Name
MELITO & ADOLFSEN P.C.

Principal Place of Business 233 BROADWAY NEW YORK NY 10279-0118	Mailing Address 233 BROADWAY NEW YORK NY 10279-0118
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 13-2668916	Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired... <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FISCHER, BRADLEY S 110 SOUTHEAST SIXTH ST. SUITE 1280 FT. LAUDERDALE FL 33301		10. Name and Address of New Registered Agent	
81	Name	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83			
		FL	

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, typed or printed name of registered agent 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	DVPS <input type="checkbox"/> DELETE	1.1 TITLE	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADOLFSEN, LOUIS G	1.2 NAME	ADAMS, STEVEN G
STREET ADDRESS	233 BROADWAY	1.3 STREET ADDRESS	233 BROADWAY
CITY-ST-ZIP	NEW YORK NY 10279	1.4 CITY-ST-ZIP	NEW YORK NY 10279
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELITO, IGNATIUS J	2.2 NAME	SAMBURSKY, NEIL L
STREET ADDRESS	233 BROADWAY	2.3 STREET ADDRESS	233 BROADWAY
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	NEW YORK NY 10279
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMOZA, JOHN H.	3.2 NAME	
STREET ADDRESS	233 BROADWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLACK, DAVID M.	4.2 NAME	
STREET ADDRESS	233 BROADWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, ROBERT F.	5.2 NAME	
STREET ADDRESS	233 BROADWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEPHENS, S. DWIGHT	6.2 NAME	
STREET ADDRESS	233 BROADWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

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 REQUIRED** _____ Date: 03/17/99 Daytime Phone #: (212)238-8900

CR2E034 (1/98)