


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

0546505

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	
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/16/1993 4. FEI Number 13-2668916 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DVP <input type="checkbox"/> DELETE				
NAME	ADOLFSEN, LOUIS G				
STREET ADDRESS	233 BROADWAY				
CITY-ST-ZIP	NEW YORK NY 10279				
TITLE	DP <input type="checkbox"/> DELETE				
NAME	MELITO, IGNATIUS J				
STREET ADDRESS	233 BROADWAY				
CITY-ST-ZIP	NEW YORK NY				
TITLE	DVP <input type="checkbox"/> DELETE				
NAME	SOMOZA, JOHN H.				
STREET ADDRESS	233 BROADWAY				
CITY-ST-ZIP	NEW YORK NY				
TITLE	DVP <input type="checkbox"/> DELETE				
NAME	POLLACK, DAVID M.				
STREET ADDRESS	233 BROADWAY				
CITY-ST-ZIP	NEW YORK NY				
TITLE	DVP <input type="checkbox"/> DELETE				
NAME	WALSH, ROBERT F.				
STREET ADDRESS	233 BROADWAY				
CITY-ST-ZIP	NEW YORK NY				
TITLE	DVP <input type="checkbox"/> DELETE				
NAME	SEPHERS, S. DWIGHT				
STREET ADDRESS	233 BROADWAY				
CITY-ST-ZIP	NEW YORK NY				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	ADAMS, STEVEN G				
1.3 STREET ADDRESS	233 BROADWAY				
1.4 CITY-ST-ZIP	NEW YORK NY 10279				
2.1 TITLE	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	SAMBURSKY, NEIL L				
2.3 STREET ADDRESS	233 BROADWAY				
2.4 CITY-ST-ZIP	NEW YORK NY 10279				
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					

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/99 (212)238-8900

Date

Daytime Phone #

CR2E034 (1/98)