

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mormann
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:15

DOCUMENT # F93000003938 (8)

1. Corporation Name
TAMTRAIL CORP.

Principal Place of Business
**C/O G. BOROS REALTY, INC.
888 SEVENTH AVENUE
NEW YORK NY 10108**

Mailing Address
**C/O G. BOROS REALTY, INC.
888 SEVENTH AVENUE
NEW YORK NY 10108**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/31/1993	3a. Date of Last Report 05/01/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3730303	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
	85	Zip Code			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 _____
Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAZEN, LEONARD	1.2 NAME	
STREET ADDRESS	C/O 520 MADISON AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10022	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULMER, JOHN	2.2 NAME	
STREET ADDRESS	C/O 520 MADISON AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10022	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDMAN, HANNAH	3.2 NAME	SECRETARY
STREET ADDRESS	C/O 520 MADISON AVENUE	3.3 STREET ADDRESS	RODGERS, KEVIN
CITY - ST - ZIP	NEW YORK NY 10022	3.4 CITY - ST - ZIP	520 MADISON AVE, NEW YORK, N.Y. 10022
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, PETER	4.2 NAME	TREASURER
STREET ADDRESS	C/O 520 MADISON AVENUE	4.3 STREET ADDRESS	NELSEN, MICHAEL
CITY - ST - ZIP	NEW YORK NY 10022	4.4 CITY - ST - ZIP	520 MADISON AVE, NEW YORK, N.Y. 10022
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADSTEIN, GARY	5.2 NAME	
STREET ADDRESS	C/O 888 SEVENTH AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10108	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, EVAN M	6.2 NAME	
STREET ADDRESS	C/O 888 SEVENTH AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10108	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.076(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or the monthly 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 a partner 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, changed, or being changed, with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EVAN M. MARKS

2/4/95 Date (712) 397 5530