

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000005664 (8)

1. Corporation Name

MOGULL MANAGEMENT, INC.



Principal Place of Business

588 BROADWAY
SUITE 711
NY NY 10012
US

Mailing Address

C/O LYNN RENDINE, CPA
3455 GOMER STREET
YORKTOWN HEIGHTS NY 10598
US

2. Principal Place of Business	2a. Mailing Address
21. State: Apt. #, etc.	26. State: Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified	3a. Date of Last Report
12/14/1993	06/28/1995
4. FET Number	Applied For
13-3703346	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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1105, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	☒ Change ☐ Addition
NAME	DMPT	12. NAME	
STREET ADDRESS	MOGULL, F. DAVID	13. STREET ADDRESS	PO Box 133
CITY, STATE, ZIP	120 EAST 87TH STREET	14. CITY, STATE, ZIP	Rensselaer NY
TITLE	NY NY	2. TITLE	☒ Change ☐ Addition
NAME	SC	22. NAME	
STREET ADDRESS	MOGULL, F. DAVID	23. STREET ADDRESS	PO Box 133
CITY, STATE, ZIP	120 EAST 87TH STREET	24. CITY, STATE, ZIP	Rensselaer NY
TITLE	NEW YORK NY	3. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, STATE, ZIP		34. CITY, STATE, ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, STATE, ZIP		44. CITY, STATE, ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, STATE, ZIP		54. CITY, STATE, ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, STATE, ZIP		64. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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 Book 12 or Book 13 of the changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 212-343-0100
E. David Morham

CR2E034 (12/95)