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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 06 1997 8:00am Secretary of State

| 1997 DIVISION OF CORPORATIONS | | | j Secretary of State | |
|--|---|---|--|---|
| DOCUMENT # . Borporation Name Mogull Managener | F93000 | 00 Sdol | | |
| mogoti i mangone | • | | | |
| rincipal Place of Business | Mailing Address | | | |
| 588 Broadway #711 NY NY 10012 | clo Lynn Re | ndine CPA her St Hts NY 10598 | | |
| 41001 PN PN | 3544 (50m | 174 NA 10288 | 2. Data Incorporated or Qualified | 3a. Date of Last Report |
| USA | lork town | 1713 17 103 18 | 3. Date Incorporated or Qualified | 1/1/96 |
| Principal Place of Business | 2a. Mailing Address | S | 4. FEI Number 13-37033 46 | Applied For |
| Suite, Apt. # leto. | 26 Suite. Apt. #, et | c. | 5. Certificate of Status Desired | \$8.75 Additional |
| Ca. C Ca. | 27 City & State | | <u>.</u> | Fee Required |
| City & State | 28 | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Country | Zıp | Country | 8. This corporation has liability for i | |
| 9. Name and Address | 29 of Current Registered Agent | [30] | Florida Statutes 10. Name and Address of New Re | Yes No |
| | | 81 Name | | |
| CT Conforation Sys 1200 South Pine I | ten - In Ild | 82 Street Add | dress (P.O. Box Number is Not Acceptab | le) |
| 1900 South like T | "Slava ru | 83 | | |
| Plantaken FL 3 | 3341 | 84 City | | 85 Zip Code |
| | | | | FL ("(|
| Pursuant to the provisions of Sections office or registered agent, or both, in agent I am familiar with and accept GNATURE | the State of Florida. Such change the obligations of, Section 607.05 | statutes, the above-named con was authorized by the corpora 05, Florida Statutes. | rporation submits this statement for the pation's board of directors. I hereby accept | urpose of changing its registered if the appointment as registered |
| Signature, typied or printed name or o | egistion agent and title flappicable CERS AND DIRECTORS | INOTE Registered Agent signature requ | uired when reinstating) ADDITIONS/CHANGES TO OFFIC | DATE FRS AND DIRECTORS IN 12 |
| NOPT | DELE | | Additional and a 10 of the | Change Addition |
| manull F. Na | <u>ુ.</u> લ | 1 2 NAME | | |
| HUADDRESS 136 EAST GAM | 1 3/ | 13 STREET ADDRESS | | |
| Y-SI-ZIF NY NY 1008 | DELE" | 1.4 CITY - ST - ZIP TE 2.1 TITLE | | Change Additio |
| Mogull, F. Da | ivid | 2.2 NAME | | |
| MADORESS 136 East 64 | ithSt | 2.3 STREET ADDRESS | | |
| ESTABLE NY NY IC | DELE | 2 4 CITY - ST - ZIP TE 31 TH LE | | Change Addition |
| 4E | _ | 32 NAME | | |
| LLL ASER 5% | | 3.3 STREET ADDRESS | | |
| (+\$1+70) F | DELE | 3.4. CITY - ST - ZIP TE 41 TITLE | THE THE PARTY OF T | Change Additio |
| 15 | | 4. 2 NAME | | En change En rice |
| ELLADORESS | | 4.3 STREET ADDRESS | | 1. |
| CS 50 | Divis | 4 4 CITY - ST - ZIP | | - And the |
| | ∐ DELE | TE 51 TITLE 52 NAME | | Change L Miditio |
| M B L A (DB: 5) | | 5.3 STREET ADDRESS | | 411 15/0/9-1 |
| V S (7) | | 5 4 CITY - ST - ZIP | | 110771 |
| | DELF | i i | 80000217 -05/13/97010 | Change Additio |
| Mk | | 6.2 NAME | -05/13/97010 | 38003 |
| FET MEDRICAL | | 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP | ***165.00 | |
| r 81-79 14 I. I go hergay certly that the informatio | in supplied with this filing does no | I qualify for the exemption state | ed in Section 119.07(3)(i), Florida Statute | s. I further certify that the |
| I am an officer or director of the corp | poration or the serviciver or trustee e | empowered to execute this rep | at my signature shall have the same lega ort as required by Chapter 607, Florida S | if effect as if made under oath; the statutes; and that my name |
| appears in Block 12 or Block 13 if of | ged, or on a gliachment with | | · · · · · · · · · · · · | \ |
| IGNATURE: | - Frank | David | x Mogril 4/29/97 3 | 1/2-343-0106 Daytine Phone # |
| SIGNATURE A | NO TYPEO OR PRINTED NAME OF JOHING | DESIGNATION DESCRIPTION | esidet Date | Day-me Phone # |