

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 13 PM 4:23**

**DOCUMENT # F94000000995 (0)**

1. Corporation Name  
**COREST MANAGEMENT, INC.**

Principal Place of Business      Mailing Address  
**763 LARKFIELD ROAD      763 LARKFIELD ROAD  
COMMACK NY 11725      COMMACK NY 11725**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/28/1994**

2. Principal Place of Business      2a. Mailing Address  
21      26

4. FEI Number      Applied For  
**11-3189134**      Not Applicable

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27

5. Certificate of Status Desired            **\$8.75 Additional  
Fee Required**

City & State      City & State  
23      28

6. Election Campaign Financing            **\$5.00 May Be  
Trust Fund Contribution      Added to Fees**

Zip      Country      Zip      Country  
24      25      29      30

7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes       Yes       No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>PD</b>
NAME	<b>SBARRO, ANTHONY</b>
STREET ADDRESS	<b>763 LARKFIELD ROAD</b>
CITY - ST - ZIP	<b>COMMACK NY 11725</b>
TITLE	<b>V</b>
NAME	<b>MERENDINO, CARMELA N</b>
STREET ADDRESS	<b>763 LARKFIELD ROAD</b>
CITY - ST - ZIP	<b>COMMACK NY 11725</b>
TITLE	<b>STD</b>
NAME	<b>SBARRO, JOSEPH</b>
STREET ADDRESS	<b>763 LARKFIELD ROAD</b>
CITY - ST - ZIP	<b>COMMACK NY 11725</b>
TITLE	<b>C</b>
NAME	<b>SBARRO, MARIO</b>
STREET ADDRESS	<b>763 LARKFIELD ROAD</b>
CITY - ST - ZIP	<b>COMMACK NY 11725</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - 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 Sections 110.07(9)(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; that I am an officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Caetano      4-10-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #