V. 42

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90025 050 ***150.00

DOCUMENT # F9400000995

1. Corporation Name

COREST MANAGEMENT, INC.								
Principal Place of Business Mailing Address						-		# HEHE! BHIL HOO!
763 LARKFIELD ROAD 763 LARKFIELD ROAD COMMACK NY 11725 COMMACK NY 11725						DO NOT WRITE IN	N THIS SPACE	
					-	3. Date Incorporated or Qualifed 02/28/1994	_ _	
Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For
21 26						11-3189134		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1			5. Certifcate of Status Desired		Additional tequired
City & State	City & State	& State		6. Election Campaign Financing	\$5.00	May Be		
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip Cou			-	8. This corporation owes the current y		_
24	25	29 36	0		-	Personal Property Tax.	Yes	□No
Name and Address of Current Registered Agent				24		10. Name and Address of New Regis	itered Agent	
СТ	CORPORATION SYSTEM		١	31 Nan	ne			
1200 SOUTH PINE ISLAND ROAD			8	32 Stre	et Addre	ss (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				33				
}			8	34 City			FL 85 Zip	Code
14. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the					ed como	ration submits this statement for the purp	ose of changing it	s registered
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.								egistered.
SIGNATURE	Signature, typed or printed name of registered agent	AND IT - Combine	agestared A	annt elanatu	les enquired :	when reinstating) D	ATE	
12.	OFFICERS AND		13.	gerit eignate	in reduied	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE				1.1 TITLE Change			Addition	
NAME	• • • • • • • • • • • • • • • • • • •		1.2 NAME			•		
STREET ADDRESS			1.3 STRE	EET ADDRE	ss			
CITY-ST-ZIP			1.4 CITY	-ST-ZIP				
TITLE			2.1 TITLI				☐ Change	☐ Addition
NAME	MERENDINO, CARMELA N		2.2 NAM	Έ	1			
STREET ADDRESS			2.3 STRI	EET ADDRE	ss			
CITY-ST-ZIP	COMMACK-NY-11725		. 2.4 CITY	Y-ST:ZIP	ـــــا هـ	<u> </u>		
TITLE	SD □ DELETE :		3.1 TITLE	3.1 TITLE			☐ Change	☐ Addition
NAME	SBARRO, JOSEPH		3.2 NAME				•	
STREET ADDRESS			3.3 STR	EET ADDRE	ss			
CITY-ST-ZIP	COMMACK NY	CK NY 34.0		Y-ST-ZIP	i			
TITLE	PC			E	7		☐ Change	Addition
NAME	SBARRO, MARIO		4. 2 NAM	Æ				
STREET ADDRESS	763 LARKFIELD ROAD		4.3 STRE	EET ADDRE	ss			i
CITY-ST-ZIP	COMMACK NY		4,4 CITY	ST-ZIP				
TITLE		DELETE	5.1 TITL	E			☐ Change	☐ Addition
AIAME	•		5.2 NAM	Œ	l			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 60?, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, on on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

Addition

CR2E034 (11/98)