

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

APPROVED AND FILED

95 MAR -1 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathews
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002074 (2)

1. Corporation Name
TR MIZNER PARTNERS CORP.

Principal Place of Business
**101 EAST 52ND STREET
2ND FLOOR
NEW YORK NY 10022**

Mailing Address
**101 EAST 52ND STREET
2ND FLOOR
NEW YORK NY 10022**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/21/1994

3a. Date of Last Report

4. FEI Number
APPLIED FOR 13-3769940

Applied For
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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Country

24. Zip

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **SULLIVAN JR, FRANK L**
STREET ADDRESS **101 EAST 52ND STREET, 2ND FL**
CITY-ST-ZIP **NEW YORK NY**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD**
NAME **WEISZ, JOHN A**
STREET ADDRESS **101 EAST 52ND STREET, 2ND FL**
CITY-ST-ZIP **NEW YORK NY**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD**
NAME **FURNARY, STEPHEN J**
STREET ADDRESS **101 EAST 52ND STREET, 2ND FL**
CITY-ST-ZIP **NEW YORK NY**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VD**
NAME **GROSSMAN, CHARLES**
STREET ADDRESS **101 EAST 52ND STREET, 2ND FL**
CITY-ST-ZIP **NEW YORK NY**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **V**
NAME **SIROF, BRUCE G**
STREET ADDRESS **101 EAST 52ND STREET, 2ND FL**
CITY-ST-ZIP **NEW YORK NY**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **V**
NAME **LATIMER, STEPHEN P**
STREET ADDRESS **101 EAST 52ND STREET, 2ND FL**
CITY-ST-ZIP **NEW YORK NY**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 Section 119.07(3)(b), 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 197, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter H. Zappolla **PETER H. ZAPPOLLA** 2/1/95 (210) 688-8181
TREASURER