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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400002991

FILED Jan 26, 1999 8:00am Secretary of State

01-26-1999 90022 040 ***150.00

1. Corporation MEADOV	NBROOK-RICHMAN, INC.	,002001	,					
Principal Place	e of Business	Mailing Address		<u></u>		- - - -	\$11 40 111 BB410 1484 4814	
•		369 LEXINGTON					*	: :
369 LEXINGTON AVENUE 369 LEXINGTON AVENUE NEW YORK NY 10017 NEW YORK NY 10017						DO NOT WOLF !	N THIS SPACE	
	•					DO NOT WRITE I	N INIS SPACE	
						06/08/1994	· .	
Principal Place of Business 2a. Mailing Address			ress			4. FEI Number		pplied For
21 26					13-2937546		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #	t, etc.			5. Certifcate of Status Desired	* * *	Additional equired
City & Stat	te	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		Country		8. This corporation owes the current		————————————————————————————————————
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Regi	stated Agent	<u> </u>
TUE	PRENTICE-HALL CORPORATIO	N SYSTEM INC		"				
	1 HAYS STREET	NY STOTEM, INC.		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	•
SUITE 105 TALLAHASSEE FL 32301				83		1 2 24 T 1 2 2 3 3 4 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		12
					-			X 11
77 (22				84	City	•	FL 85 Zip	Code
office or i agent. I a SIGNATURE			•			oration submits this statement for the pur on's board of directors. I hereby accept the	DATE	egistered
	Stgnature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Regis	istered Agent		,	DATE ERS AND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered as OFFICERS A	gent and title if applicable.	(NOTE: Regis	13.		d when reinstating)	DATE	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A PD RICHMAN, BENJAMIN S	gent and title if applicable.	(NOTE: Regis	13. 1.1 TITLE 1.2 NAME	t signature required	d when reinstating)	DATE ERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered as OFFICERS A PD RICHMAN, BENJAMIN S 369 LEXINGTON AVENUE	gent and title if applicable.	(NOTE: Regis	13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature required	d when reinstating)	DATE ERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A PD RICHMAN, BENJAMIN S 369 LEXINGTON AVENUE NEW YORK NY	gent and title if applicable. AND DIRECTORS	(NOTE: Regis	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature required	d when reinstating)	DATE ERS AND DIRECT	ORS IN 12
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14. I hereby certify that the information supplied with this filing does not challfy 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 too end 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATIÉRE

SIGNATURE AND TYPED OR PINTED NAME OF SIGNING OFFICER OR DIRECTOR

ns 1/99 NV-601-44

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4.0