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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

SIGNATURE:

F94000004289 (4)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

39 ACRE CORP.

Principal Place of Business Mailing Address					I LOBBINAR TINA LOUIN BIRTH OBLIN I	
122 E. 421	Dustries, Inc. ND St. K NY 10168	% TDA INDUSTRIES, INC. 122 E. 42ND ST. NEW YORK NY 10168				
					3. Date Incorporated or Qualified 08/17/1994	3a. Date of Last Report 05/01/1995
	ace of Business	2a. Mailing Address	 -		4. FEI Number	Applied For
Suite, Apt.	# atc	26			14-1544997	Not Applicable
22	π, σ ιο.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State	9	City & State			6. Election Campaign Financing	Fee Required
23		28			Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24]	Country	Zip	Coun	try	8. This corporation has liability for	
24	25 9. Name and Address of Curren	1 Registered Apont	30		Florida Statutes	; □No
	or comments of content	r riegistered Agent		Name	10. Name and Address of New F	Registered Agent
CARLT	ON FIELDS WARD EMMANUE	I CT AL	L			
CARLTON, FIELDS, WARD, EMMANUEL, ET AL ONE HARBOUR PLACE				Street Add	et Address (P.O. Box Number is Not Acceptable)	
	A FL 33602		Ť	33		
			-			
				14 City		85 Zip Code
 Pursuant to or registere 	o the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above	named corpo	oration submits this statement for the pur	, mar 1
familiar with	h, and accept the obligations of, Section	a. 30ch change was authori on 607.0505, Florida Statute	zeo by the co s.	rporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the app	pintment as registered agent. I am
SIGNATURE _						
12.	Signature, typed or printed name of registered agent a OFFICERS AND			gent signature requir	red when reinstating)	DATE
TITLE	CDP	DELETE	13.	r	ADDITIONS/CHANGES TO OFF	
NAME	FIELDS, DOUGLAS P		1.2 NAM			Change Addition
STREET ADDRESS	122 E. 42ND ST.			ET ADDRESS		
CITY-S1-ZIP	NEW YORK NY 10168		1.4 CITY			
TITLE	TS	☐ DELETE	2 1 TITL		VTS D	Change Addition
NAME	FRIEDMAN, FREDERICK M		22 NAM	Ε	کنے کا ب	Change Addition
STREET ADDRESS	122 E. 42ND ST.		2.3 STRE	ET ADDRESS		• 4
CITY-ST-ZIP	NEW YORK NY		2.4 CITY	-ST-ZIP		10168
TOLE		☐ DELETE	3. 1 TITL			Change Addition
NAME			3 2 NAMI			
STREET ADDRESS			3.3. STRE	ET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>		3.4 CITY			
NAME		☐ DELETE	4. 1 TITLE			☐ Change ☐ Addition
STREET ADDRESS		•	4.2 NAME		fillione see	يجد م احواد ا
CITY-SI-ZIP				T ADDRESS	-05/02/26010	14:14E 14:000
IITLE		[] DELETE	4.4 City- 5. 1 Title		6000018c -05/02/96010 ***200.00	エナー しとび
NAME			5. 1 THEE	- 1	200:00	☐ Change ☐ Addition
STREET ADDRESS				1 ADDRESS		
CITY - ST - ZIP			5.4 City-			
TITLE		□ DELETE	6. 1 TITLE			Change Addition
NAME		- 	6.2 NAME			Change Addition
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			64 CITY.	er. 710		
certify that the oath; that I a	certify that the information supplied with the information indicated on this annual am an officer or director of the corp and the corp of	this fling is voluntarily furnitional for the receiver of the receiver of trusted	ishod and doe	s not qualify for	or the exemption stated in Section 119.0 te and that my signature shall have the s s report as required by Chapter 607, Flor	7(3)(k), Florida Statutes. I further ame legal effect as if made under kda Statutes: and that my name