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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # F94000006141 (5)

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В	Ε	R	T	H	0	LON	ROW	LAND	CORP.	

Principal Place of Business 16 JAY STREET

Mailing Address

16 JAY STREET



NEW YORK I	NY 10013	NEW YORK NY 10013								
					3. Date Incorporated or Qualified 12/01/1994	3a. Date of Last Report 04/18/1995				
2. Principal Pla	ce of Business	2a. Mailing Address			4. FET Number	Applied For				
21 No	Change	26 No change			13-5603648	Not Applicable				
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional				
22		27			C, car ar odno or omitar treamou	Fee Required				
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	Country	Zip	Count	у	8. This corporation has liability for in	itangible tax under s. 199.032,				
24	25	29	30		Florida Statutes					
	g. Name and Address of Current	Registered Agent	I	10. Name and Address of New Registered Agent						
			8	1 Name						
INSURA	NCE COMMISSIONER		8	0	Address (P.O. Box Number is Not Acceptable	<i>a</i>				
CAPITO			8	Street	Address (F.O. Box Number is Not Acceptable	·,				
	ASSEE FL 32399-0300		8	3						
,,			ļ_			man and a second of the second				
			8	4 City		FI 85 Zip Code				
11. Pursuant to or registere familiar with	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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE _	Skyrature, typed or printed name of registered a joint an	id tille if applicative (NO	Dr. Registered Ag	erd signature r	enpiload which remotatings	DATE				
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFK	DERS AND DIRECTORS IN 12				
TITLE	CEOP	☐ DELETE	1.1111	-		CERS AND DIRECTORS IN 12 Change Addition Change Addition				
NAME	CARROLL, JAMES A		1.2 NAM	<u>.</u>		X				
STREET ADDRESS	28 ROLLING HILL DRIVE		1.3 STRE	ET ADDRESS		ľď				
CITY-ST-ZIP	MORRISTOWN NJ 07960		1.4 C/TY	-ST-ZIP		[2]				
TITLE	VSGC	□ DELETE	2 1 7:11			Change Addition				
NAME	POPP-MURPHY, MARGARET		2 2 NAM							
STREET ADDRESS	360 FIRST STREET		2 3 STRE	ET ADDRESS						
CITY - ST - ZIP	HOBOKEN NJ 07030		2 4 CITY	-ST-7IP		ļ				
TITLE	CFOT	[] DELETE	3 1 TiTL			Change Addition				
NAME	KAPLAN, ARNOL		3.2 NAM							
STREET ADDRESS	9 ELEANOR DRIVE			ET ADDRESS						
CITY - ST - ZIP	KENDALL PARK NJ 08824		3 4 CHY							
THILE	C	DELETE	4. 1 TITL			Change Addition				
NAME	ROWLAND, RANDOLPH		4 2 NAM							
STREET ADDRESS	103 HARBOR ROAD			ET ADORESS						
CITY-ST-ZIP	SHELBURNE VT 05482		4.4 C(TY							
TITLE	DV	DELETE	5 1 THU		Director	☐ Change 🔀 Addition				
NAME	LIGMAN, DEAN V	Dece te	5 2 NAM		Toba G. Lynch					
	175 N. HARBOR DRIVE APT. 4	1100			John G. Lynch 27 craighurst Avenue					
STREET ADDRESS		1100	1	ET ADDRESS	Toronto, Ontario me	:U26F				
CITY - ST - ZIP	CHICAGO IL 60661	DELETE	5.4 CHTY:		TOPONTO, UNTARIO ME					
THLE		C) Deceit				Change Addition				
NAME	CONWAY, JAMES		6 2 NAME			,				
STREET ADDRESS	44 GREYSTONE DRIVE			I ADDRESS	(Please see additional a	n_{-1} A				
City-St-ZiP	VOORHEESVILLE NY 12186	At At the Atting to the Land of the Control	6.4 CITY	S1-712	[reak see add, hunal a	1 tai hner!				

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)(k), Fiorida 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LANDLE B. KAPLAN

MILITIFF AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 2/2-916-9400

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DINE COF

DIRECTORS

RESIDERCE	ADDRESS	2550 Deschine Battle Place NW		Atlanta, GA 3032/
DESCROAS		11-W C	Patricia N. Webb	

497 Kissel Avenue Staten Island, NY 10301 Carmen Delpino

27 Craighurst Avenue Toronto, Ontario

John G. Lynch

nwdirect