**FILED** 

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90037 040 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9500000388

1. Corporation Name

GHIFFIE	L MANAGEMENT, INC.									
Principal Place of Business Mailing Address								1 <b>8</b> 141 <b>44</b> 411 <b>4</b> 1		
780 THIRD AVE. 780 THIRD AVE.										
NEW YORK NY 10017 NEW YORK NY 10017							DO NOT WRITE IN THIS SPACE			
								IN THIS	SPACE	
							3. Date Incorporated or Qualifed			
		= 44-19-1 Augus					01/24/1995 4. FEI Number			plied For
<u> </u>	ace of Business	2a. Mailing Addr	ess				13-37581 <u>90</u>			t Applicable
21	4 -1-	Suite, Apt. #	ata			<del></del>	13-3736190		\$8.75	
Suite, Apt.	#, etc.	<u> </u>	, <del>U</del> IC.				5. Certifcate of Status Desired	₽	—,~Fee Re	
City & State		City & State		<del></del>	1		6. Election Campaign Financing		\$5.00	May Re
23	•	28					Trust Fund Contribution		Added t	
Zip	Country	Zip		Country		·	8. This corporation owes the curren	t year Inta	ıngible	}
24	25 29 30				Personal Property Tax. Yes N				□No	
	9. Name and Address of Current	Registered Agent					10. Name and Address of New Reg	istered A	\gent	
					N	ame				ļ
NRAI SERVICES, INC. 526 EAST PARK AVENUE					S	treet Addre	ss (P.O. Box Number is Not Acceptable	e)		
				83	┼					
7712511710022 12 02001									T-1	
				84	C	ity		FL	85 Zip 0	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					nt sigr	nature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	D DIRECTO	DS IN 12
12.	OFFICERS ANI		ELETE	13.			ADDITIONS/CHANGES TO OFFIC	JERS AN	Change	☐ Addition
TITLE	C	ں ب	ELETE	1.1 TITLE					onunge	
NAME	Offir Firt, Dictiv			1.2 NAME 1.3 STREET ADDRESS						
STREET ADDRÉSS						I				
CITY-ST-ZIP				1.4 CITY-51	T-ZIP	<u>'</u>			Change	Addition
TITLE				2.1 TITLE					☐ Criange	[1] Addition
NAME	COHEN, LAWRENCE			2.2 NAME						
STREET ADDRESS	700 17 11 11 12 13 12			2.3 STREET	2.3 STREET ADDRESS					
CITY-ST-ZIP			2.4 CITY-5	ST-ZIF				Clohanas	☐ Addition	
TITLE	1010		3.1 TITLE				•	Change	☐ Modifion	
NAME	MI TO ELINE I EN I I MOL		3.2 NAME	2 NAME						
STREET ADDRESS	700 1711110 1710			3.3 STREET	3.3 STREET ADDRESS					
CITY-ST-ZIP				34. CITY-S	ST-ZIF	>				- A 4-841
TITLE	VS □ DELETE 4.1 TI			4.1 TITLE		1			Change	☐ Addition
NAME	REDLICH, GLORIA			4.2 NAME						
STREET ADDRESS	780 THIRD AVE.			4 3 STREET	TADO	RESS				
CITY-ST-ZIP	NEW YORK NY 10017			4.4 CITY-ST	T-ZIP	·				
TITLE	VT		ELETE	51TITLE					Change	Addition
NAME	EYRE, MICHAEL			5.2 NAME						
STREET ADDRESS	9860 WILSHIRE BLVD.			5.3 STREET	TADE	RESS				
CITY-ST-7IP	BEVERLY HILLS CA 90210			5.4 CITY-S	T-ZIF	,				

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 suppliemental 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

DEVERICH, KEVIN

9860 WILSHIRE BLVD.

**BEVERLY HILLS CA 90210** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_\_ DELETE

Change

☐ Addition