

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000000559 (3)**
1. Corporation Name

PERKINS EASTMAN ARCHITECTS PC



Principal Place of Business: **437 5TH AVENUE NEW YORK NY 10016**
Mailing Address: **437 5TH AVENUE NEW YORK NY 10016**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
02/01/1995	1995
4. FEI Number	Applied For
13-3747196	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 607.0802 and 607.1503, 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]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P PERKINS JR, L B	11 TITLE	
NAME	FOUR RECTORY LANE	12 NAME	
STREET ADDRESS	SCARSDALE NY	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	CD PERKINS, L B	21 TITLE	
NAME	FOUR RECTORY LANE	22 NAME	
STREET ADDRESS	SCARSDALE NY	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	VSD EASTMAN, MARY-JEAN	31 TITLE	
NAME	11 LISPENARD STREET	32 NAME	
STREET ADDRESS	NEW YORK NY	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	V HOGLUND, J D	41 TITLE	
NAME	285 ORCHARD DRIVE	42 NAME	
STREET ADDRESS	PITTSBURGH PA	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	V SCHWARTZ, AARON B	51 TITLE	
NAME	326 W. 22ND STREET	52 NAME	
STREET ADDRESS	NEW YORK NY	53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	V STARK, JONATHAN N	61 TITLE	
NAME	77 SEVENTH AVENUE	62 NAME	
STREET ADDRESS	NEW YORK NY	63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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7/17/96

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to an 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 shareholder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-96 212 889 1700

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