

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

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Jan 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000001008 (0)**

1. Corporation Name  
**CAROLD CORPORATION**



Principal Place of Business <b>434 BROADWAY, 7/F NEW YORK NY 10013</b>	Mailing Address <b>434 BROADWAY, 7/F NEW YORK NY 10013-2563</b>
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3. Date Incorporated or Qualified <b>03/02/1995</b>	3a. Date of Last Report <b>03/05/1996</b>
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2. Principal Place of Business <b>21 Same as above</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 Same as above</b> Suite, Apt. #, etc.	4. FEI Number <b>11-1561663</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	25	29	30
8. Name and Address of Current Registered Agent <b>FLORIDA COMPLIANCE SPECIALIST, INC. 1475 TUNHILL DRIVE TALLAHASSEE FL 32311</b>		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 <b>FL</b>

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 **Florida Compliance Specialist** DATE **1/03/97**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PO (President/Chairman)</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KURTZ, HAROLD W</b>		1.2 NAME	
STREET ADDRESS <b>434 BROADWAY, 7/F</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>NEW YORK NY 10013</b>		1.4 CITY-ST-ZIP	
TITLE <b>VDS (Vice President)</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KURTZ, HAROLD W</b>		2.2 NAME	
STREET ADDRESS <b>434 BROADWAY, 7/F</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>NEW YORK NY 10013</b>		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ZWEIBACK, ARLENE (Secretary)</b>		3.2 NAME	
STREET ADDRESS <b>434 BROADWAY, 7/F</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>NEW YORK NY 10013</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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:  **President** DATE **1/03/97** (212) 334-2300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)