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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # F95000001433 (0)

## **FILED** Mar 02 1998 8:00am Secretary of State

ULANC	) CORPO	RATION											
Principal Plac	ce of Busines	SS .	Mailing	Address					I (BODINOO INTO (BYD) BYBYY OBYBY OBJYK O	MARIL ANGIL AR			
255 BUTLER ST. 255 BUTLER ST.								-					
BROOKLYN NY 11217 BROOKLYN NY 11217													
									DO NOT WRITE IN THIS SPACE				
								ŀ	3. Date Incorporated or Qualified				
2. Principal Place of Business 28. Mailing Address									03/24/1995			-	
21 - Hilliopair	TIRCH OF DUS!	ness	<u> </u>	2a. Mailing Address					4. FEI Number		<b>├</b>	Applied For	
Suite, Apt.	# Atc		<del></del>	Suite, Apt. #, etc.					11-1724142			lot Applicable	
22	,		<del></del>	27				1	6. Certificate of Status Desired			Additional Required	
City & Stat	le			City & State					6. Election Campaign Financing				
23				28					Trust Fund Contribution			May Be I to Fees	
Zip				Zip Cou				8. This corporation owes or has paid to			7 10000 10 1 000		
24		25	29		30				Personal Property Tax due Juni			□ No	
	9. Name	end Address of Cu	irrent Registered	Registered Agent				1	10. Name and Address of New Registered Agent				
C	T CORPOR	ATION SYSTEM			- 14	81	Name						
1200 S. PINE ISLAND RD.					<b>82</b> Stree			ddress	(P.O. Box Number is Not Accepta	ble)			
PL	ANTATION	FL 33324					0.00017100	201033	(1.0. Dox Humber is Not Accepta	ыој			
					7	B4	City		·		Apr.   7:	0-4-	
	_				1					FL	.   '   '	Code	
11. Pursuant	to the provis	ions of Sections 607	.0502 and 607.15	OB, Florida Statute	s, the abo	ove	named co	orporat	ion submits this statement for the solution submits this statement for the solutions. I hereby access to the submit of the submi	purpose o	changing	its registered	
agent. I a	ın <b>fam</b> iliar wi	ith, and accept the o	blate of Florida. Subligations of, Sec	tion 607.0505, Flo	umorizea rida Statu	by ites.	tne corpora	rations	s board of directors. I hereby acce	pt the app	ointment as	s registered	
SIGNATURE													
	Signature, typed	or printed name of registere				Agen	nt signature requ	quired wh		DATE			
12.	PO	OF FICERS	AND DIRECTOR	S DELETE	13.	_	<del></del>		ADDITIONS/CHANGES TO OFFI	CERS AND	_		
	B. D. LOW   PARTS A						1.1 TITLE				☐ Change	☐ Addition	
NAME OTREET ADDRESS	STREET ADDRESS 255 BUTLER ST.						1.2 NAME					i	
		LYN NY 11217					ADDRESS						
CITY-ST-ZIP TITLE	AS	L114 141 11217		DELETE	1.4 CITY 2.1 TITL	_	- ZIP				[ ] Chance	The state of the s	
NAME		ECCDEV N									☐ Change	Addition	
	ADDRESS 255 BUTLER ST						2.2 NAME 2.3 STREET ADDRESS						
	BBAAR VALARY								•	•			
CITY-ST-ZIP TITLE	V	L114 147		DELETE	2. 4 CITY 3.1 TITLE		1-2IP				Change	Addition	
NAME	BAUM, I	MARTIN		- order	3.1 HILL 3.2 NAM							☐ Addition	
STREET ADDRESS		TLER ST.					ADDRESS						
CITY-ST-ZIP	_	LYN NY 11217											
TITLE	V			DELETE	3.4. C(T) 4.1 T(T)		1 - ZIP				☐ Change	Addition	
NAME	CURTIS,	JOHN			4. 2 NAN						change	☐   \qu	
STREET ADDRESS	255 BUT				4.3 STRE		INDRESC						
CITY-ST-ZIP		LYN NY 11217			4.4 CITY		1						
TITLE	AT			DELETE	5.1 TITLE		- ZIF				Change	☐ Addition	
NAME		INGER, PAUL M		_	5.2 NAM		[						
STREET ADDRESS	255 BUT				5.3 STRE		ODRESS					İ	
CITY-ST-ZIP		YN NY 11217			5.4 CITY								
TITLE			· <del> ·</del> · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE						Change	Addition	
NAME					6.2 NAM							_	
STREET ADDRESS					6.3 STRE		ODRESS					-	
CITY-ST-ZIP					6.4 CITY							}	
14 Lbereby o	ortifu that the	information cumplic	d with this files d	ann ant availt. to	the even			0	140.07(0)(1) 5( 1) 6( 1)				

I nereby 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.

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