

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. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000002345 (5)

1. Corporation Name

SANDHURST ASSOCIATES, LTD., INC.

Principal Place of Business

Mailing Address

% FISHER BROTHERS  
299 PARK AVE.  
NEW YORK NY 10171

% FISHER BROTHERS  
299 PARK AVE.  
NEW YORK NY 10171



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

05/11/1995

3a. Date of Last Report

4. FEI Number

13-3653500

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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, as applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WHALEN, JOHN J  
STREET ADDRESS 299 PARK AVE.  
CITY-ST-ZIP NEW YORK NY 10171

DELETE

TITLE V  
NAME FISHER, KENNETH  
STREET ADDRESS 299 PARK AVE.  
CITY-ST-ZIP NEW YORK NY 10171

DELETE

TITLE S  
NAME KLEINER, SAM  
STREET ADDRESS 299 PARK AVE.  
CITY-ST-ZIP NEW YORK NY 10171

DELETE

TITLE T  
NAME ROSENBERG, SAMUEL  
STREET ADDRESS 299 PARK AVE.  
CITY-ST-ZIP NEW YORK NY 10171

DELETE

TITLE D  
NAME FISHER, M. ANTHONY  
STREET ADDRESS 299 PARK AVE.  
CITY-ST-ZIP NEW YORK NY 10171

DELETE

TITLE D  
NAME FISHER, ARNOLD  
STREET ADDRESS 299 PARK AVE.  
CITY-ST-ZIP NEW YORK NY 10171

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100001888481  
-07/09/96--01125--034  
\*\*\*233.75

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)