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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000002345 (5)

1. Corporation Name
SANDHURST ASSOCIATES, LTD., INC.



Principal Place of Business
% FISHER BROTHERS
299 PARK AVE.
NEW YORK NY 10171

Mailing Address
% FISHER BROTHERS
299 PARK AVE.
NEW YORK NY 10171-0002

3. Date Incorporated or Qualified
05/11/1995

3a. Date of Last Report
07/09/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	13-3653500	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WHALEN, JOHN J	1.2 NAME	
STREET ADDRESS	299 PARK AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10171	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	FISHER, KENNETH	2.2 NAME	
STREET ADDRESS	299 PARK AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10171	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	KLEINER, SAM	3.2 NAME	
STREET ADDRESS	299 PARK AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10171	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	ROSENBERG, SAMUEL	4.2 NAME	
STREET ADDRESS	299 PARK AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10171	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	FISHER, M. ANTHONY	5.2 NAME	
STREET ADDRESS	299 PARK AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10171	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	FISHER, ARNOLD	6.2 NAME	
STREET ADDRESS	299 PARK AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10171	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, in an attachment with an address.

SIGNATURE: 3/18/97 (212) 752-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)