

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90063 013 \*\*\*150.00

DOCUMENT # F95000002345

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1995

4. FEI Number

13-3653500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHALEN, JOHN J	
STREET ADDRESS	299 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10171	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FISHER, KENNETH	
STREET ADDRESS	299 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10171	
TITLE	S-	<input type="checkbox"/> DELETE
NAME	KLEINER, SAM	
STREET ADDRESS	299 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10171	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROSENBERG, SAMUEL	
STREET ADDRESS	299 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10171	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, M. ANTHONY	
STREET ADDRESS	299 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10171	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, ARNOLD	
STREET ADDRESS	299 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10171	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Sam Rosenberg 4/15/99 212-752-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)