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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F95000004210 (9)

	CORPORATE INVESTIGATION OF OF Business	Mailing Address				
1 '	N AVE., STE. 1202	300 MADISON AVE., STE	: 1202		1	
NEW YORK NY 10017 NEW YORK NY 10017			. 1202			
					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address			08/30/1995 4. FEI Number	Applied For
21		26		13-3579237	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the cu	
24	25 9. Name and Address of Curren	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes WNo
0.5		u neglistoren viletti	81	Name	IV. Name and Address of New Augistered	Myent
GELLER, HOWARD						
2855 UNIVERSITY DR., STE. 310 CORAL SPRINGS FL 33065			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
"	MAL SI MINOS PE 33003		83			
l .						
			84	City	FI	85 Zip Code
office or i agent. Le SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or pooled home of registered age				poration submits this statement for the purpose attom's board of directors. I hereby accept the appared when reinstains).	pointment as registered
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	CP	☐ DELETE	1.1 TITLE			Change Addition
NAME			12 NAME	[
STREET ADDRESS	300 EAST 34TH ST., APT. 33	Ŋ	1.3 STREET	ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10016	Decemen	1.4 CITY-ST	I - ZIP		
TITLE	DVT DELETE		2 1 TITLE			☐ Change ☐ Addition
NAME	IMUNDI, CHRISTINE		2.2 NAME			
STREET ADDRESS	10 EPIC LANE LEVITTOWN NY 11756		2.3 STREFT		· ·	
CITY-ST-ZIP	DS DS	DELETE	2. 4 CITY-S	I - ZIP	·	Change Addition
NAME	CROWN (BLAHODATNY) , M/		3.2 NAME			C crande C voncou
STREET ADDRESS	421 EAST 84TH ST., APT. 3	WITCHELIN	3.2 NAME 3.3 STREET A	ADODECE		
f .	NEW YORK NY 10028					
CITY-ST-ZIP TITLE	NEW TOTAL WIT VOOLO	DELETE	3.4. City-S'	1.71		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET A	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST			
TITLE	DELETE		51 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET A	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1	1 - 21P		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	ĺ		
STREET ADDRESS			6.3 STREET A	ADDRESS		
CITY_\$7.7IP	1		CACITY DT	(71D		

14. Thereby 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 armual 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 transported 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.

Feb 11 1998 8:00am

Secretary of State