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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600003755 (3)

FILED Jan 29 1997 8:00am Secretary of State

Principal Place of Business Mailing Address ONE BLUE HILL PLAZA PEARL RIVER NY 10965 NC. Mailing Address ONE BLUE HILL PLAZA PEARL RIVER NY 10965-3104						
					3. Date Incorporated or Qualified 07/17/1996	la. Date of Last Report
2. Principal P	ace of Business	2a. Mailing Address		·	4. FEI Number	Applied For
21		26		33-0323376	Not Applicable	
Suite, Apt. #, etc. 27		Surfe, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zφ	Country	Zip	Country		8. This corporation has liability for inta	
24	25	29	30		Florida Statutes Y	es 📉 No
	9, Name and Address of Curre		81 Na		10. Name and Address of New Regis	tered/Agent
	PORATION SERVICE COMPANY	1	61 Na	me 		
	I HAYS STREET LAHASSEE FL 32301-2525		82 St	eet Addre	ess (P.O. Box Number is Not Acceptable)	
IALI	ALMOOCE LE 35301-5955		83			
						[a=1, 3, a,
			84 Ci	У		FL 85 Zip Code
SIGNATURE	Signative, typed or per tearrance of registered ag	erl and his it applicable (NO)	E: Registered Agent sig		oration submits this statement for the purp on's board of directors. I hereby accept the ad when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE
12. 1036	C	DELETE	13. 11 TITLE	Г	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	LAMPERT, STEVEN		12 NAME			
STREET ADDRESS.	ONE BLUE HILL PLAZA		1.3 STREET ADDA	ess		
City - St - Zip	PEARL RIVER NY 10965		1.4 CITY - \$T - ZIP			
Mti	C	DELETE	2.1 TITLE			Change Addition
NAM:	PRESTON, MICHAEL		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDR	ſ		
CHY-S* 7IP TURE			2. 4 CITY-ST - ZH 3.1 TITLE			Change Addition
NAME		<u> </u>	3.2 NAME			· • —
STREET ADDRESS			3.3 STREET AODE	ESS		
CITY ST 74			3.4. CITY - ST - ZIF			
1:TLE		☐ DELETE	4.1 TITLE			Change Addition
NAME SERVICE A VENUE			4. 2 NAME			
STREET AUDRESS			4.3 STREET ADDR	199	•	
CHY-ST-ZIP TITLE	AT THE STREET STREET,	DELETE 51 TITLE				Change Addition
NAME			52 NAME			
STREET ADDRESS			5 3 STREET ADDR	ESS		
City - ST - ZIII			5.4 CITY - ST - ZIP			
TillE		☐ DELETE	6.1 TITLE	- }		Change Addition
NAME			6.2 NAME	500		
STREET ACCORDS			6.3 STHEET ADDR	ESS		
COLY+ST ZIP			6.4 CHTY - 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 arrival report or suppliemental 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 Brock 12 or Block 13 if cranged, or or any factiment with an address.

SIGNATURE:

TRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97 (914)600 0768

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