

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004123 (3)

1. Corporal on Name
GETKO GROUP INC.

Principal Place of Business C/O CUC INTERNATIONAL INC. ATTN JENNIFER 707 SUMMER STREET STAMFORD CT 06904	Mailing Address C/O CUC INTERNATIONAL INC. ATTN JENNIFER 707 SUMMER STREET STAMFORD CT 06901-1026
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2. Principal Place of Business 21 115 South Service RD Suite, Apt. #, etc. 22 City & State 23 Westbury N.Y. Zip 24 11590 Country 25 USA	2a. Mailing Address 26 115 South Service RD Suite, Apt. #, etc. 27 City & State 28 Westbury N.Y. Zip 29 11590 Country 30 USA
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3. Date Incorporated or Qualified 08/07/1996	3a. Date of Last Report
4. FEI Number 11-2346258	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZYCHICK, JOEL D	1.2 NAME	
STREET ADDRESS	115 SOUTH SERVICE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	WESTBURY NY	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIPKIS, SANDY	2.2 NAME	
STREET ADDRESS	115 SOUTH SERVICE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	WESTBURY NY	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPTON, AMY N	3.2 NAME	
STREET ADDRESS	707 SUMMER STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELTON, E K	4.2 NAME	
STREET ADDRESS	707 SUMMER STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORBES, WALTER A	5.2 NAME	
STREET ADDRESS	707 SUMMER STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORIGLIANO, COSMO	6.2 NAME	
STREET ADDRESS	707 SUMMER STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT	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, or on an attachment with an address.

SIGNATURE: JOEL ZYCHICK 1/17/97 516-933-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)