

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90216 036 ***150.00

000439K

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F96000006022

1. Corporation Name
SCHWARTZMAN GARELIK WALKER KAPILOFF & MANN, P.C.



Principal Place of Business
 355 LEXINGTON AVE.
 NEW YORK NY 10017

Mailing Address
 355 LEXINGTON AVE.
 NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/18/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-3911269	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	
24	25	29	30	\$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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COTLER & BASEMAN, P.A. 2435 HOLLYWOOD BLVD. HOLLYWOOD FL 33020				81 Name			
				ABRAMS ANTON, P.A.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				2021 TYLER STREET			
				83			
				84 City		85 Zip Code	
				HOLLYWOOD		FL 33022	

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]* DATE: 4/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POC SCHWARTZMAN, HERMAN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	355 LEXINGTON AVE.	1.2 NAME	
STREET ADDRESS	NEW YORK NY 10017	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD WALKER, EDWARD N	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	355 LEXINGTON AVE.	2.2 NAME	
STREET ADDRESS	NEW YORK NY 10017	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SDC GARELIK, DAVID M	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	355 LEXINGTON AVE.	3.2 NAME	
STREET ADDRESS	NEW YORK NY 10017	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD KAPILOFF, ARNOLD Y	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	355 LEXINGTON AVE.	4.2 NAME	
STREET ADDRESS	NEW YORK NY 10017	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD TROY, BERNARD E	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	355 LEXINGTON AVE.	5.2 NAME	
STREET ADDRESS	NEW YORK NY 10017	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V MANN, HOWARD L	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	355 LEXINGTON AVE.	6.2 NAME	
STREET ADDRESS	NEW YORK NY 10017	6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* DATE: 4-22-99 DAYTIME PHONE #: 212-557-2900

CR2E034 (1/198)