

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G13749 (8)
1. Corporation Name
TOD-SIROD, INC.



Principal Place of Business: **C/O GENE M. PRANZO, 369 LEXINGTON AVENUE 24TH FL., NEW YORK NY 10017-6559, US**
Mailing Address: **C/O GENE M. PRANZO, 369 LEXINGTON AVENUE 24TH FL., NEW YORK NY 10017-6559, US**

3. Date Incorporated or Qualified: **12/16/1982**
3a. Date of Last Report: **01/26/1995**
4. FEI Number: **13-3148132**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
City & State, Zip, Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: SD	<input type="checkbox"/> DELETE
NAME: PRANZO, GENE M	
STREET ADDRESS: 369 LEXINGTON AV 24 FL	
CITY-ST-ZIP: NEW YORK, NY 00000 10017	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: TALFORD, DORIS K.	
STREET ADDRESS: 369 LEXINGTON AV 24 FL	
CITY-ST-ZIP: NEW YORK, NY. 10017	
TITLE: TVD	<input type="checkbox"/> DELETE
NAME: TALFORD, RICHARD	
STREET ADDRESS: 369 LEXINGTON AV 24 FL	
CITY-ST-ZIP: NEW YORK, NY. 10017	
TITLE: TD	<input type="checkbox"/> DELETE
NAME: TALFORD, RICHARD S.	
STREET ADDRESS: 369 LEXINGTON AV 24 FL	
CITY-ST-ZIP: NEW YORK, NY. 10017	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Gene M. Pranzo* **Gene M. Pranzo** Secretary/Director 2-15-96 212-682-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)