

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

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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 10017-6506
US



3. Date Incorporated or Qualified 12/16/1982 3a. Date of Last Report 02/28/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 13-3148132		Applied For	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.				Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 PRANZO, GENE M <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	369 LEXINGTON AV 24 FL	1.2 NAME	
STREET ADDRESS	NEW YORK, NY 00000 10017	1.3 STREET ADDRESS	
CITY-ST-ZIP	PD	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TALFORD, DORIS K. <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	369 LEXINGTON AV 24 FL	2.2 NAME	
STREET ADDRESS	NEW YORK, NY. 10017	2.3 STREET ADDRESS	
CITY-ST-ZIP	TVD	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TALFORD, RICHARD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	369 LEXINGTON AV 24 FL	3.2 NAME	
STREET ADDRESS	NEW YORK, NY. 10017	3.3 STREET ADDRESS	
CITY-ST-ZIP	TD	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TALFORD, RICHARD S. <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	369 LEXINGTON AV 24 FL	4.2 NAME	
STREET ADDRESS	NEW YORK, NY. 10017	4.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Gene M. Pranzo* REQUIRED Secretary/Director 2-18-97 (212) 682-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0004007

CR2E034 (9/96)