

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90023 002 \*1,050.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G13749**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 C/O Gene M. Pranzo 230 Park Avenue Suite, Apt. #, etc. 22 26th Floor City & State 23 New York, NY Zip Country 24 10169-0069 25 USA	2a. Mailing Address 26 C/O Gene M. Pranzo 230 Park Avenue Suite, Apt. #, etc. 27 26th Floor City & State 28 New York, NY Zip Country 29 10169-0069 30 USA
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3. Date Incorporated or Qualified 12/16/1982	4. FEI Number 13-3148132 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 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

**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	
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

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	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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	230 Park Avenue, 26th Floor
14 CITY-ST-ZIP	New York, NY 10169-0069
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	230 Park Avenue, 26th Floor
24 CITY-ST-ZIP	New York, NY 10169-0069
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	230 Park Avenue, 26th Floor
34 CITY-ST-ZIP	New York, NY 10169-0069
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 names empowered.

**SIGNATURE:** Gene M. Pranzo *Gene M. Pranzo* 2-02-99 212-682-3700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)