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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G47779

(5)

ALAN R. RICE, INCORPORATED

FILED						
Jun 19 1997 8:00am						
Secretary of State						

\_\_\_ Change

Addition

		·			
Principal Plac	ce of Business	Mailing Address			BIOTS OFEIT BINIT DINIT GINES BIRIT 1883
600 W. 111TH ST. #PH1 NEWYORK NY 10025		800 W. 11TH ST. #PHI NEW YORK NY 10025			
US		US		3. Date Incorporated or Qualified 07/07/1983	3a. Date of Last Report 04/23/1996
1	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 % 51	MMUNS AND CURLE	E 26 90 SIMMOUS A	ND CURLES	84-0986645	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 18 Z	J FOLSOM ST	27 1823 FOL	Som ST		Fee Required
City & Stat		City & State	> ~ ~	6. Election Campaign Financing	5.00 May Be
	DER CO	28 BOULDER		Trust Fund Contribution	Added to Fees
Zip 24 <b>多</b> 0 了	Country 25 USA	Zip	Country A	8. This corporation has liability for i	ntangible tax under s. 199.032,  Yes  No
24 503	9, Name and Address of Current		O OSA	Florida Statutes  10. Name and Address of New Re	
DDI.	<del></del>	riegistorea Agent	81 Name	(U. Name and Address of New Ties	gistered Agent
ONE MAINTHELD					
2815 W. NEW HAVEN AVE. WEST MELBOURNE FL 32901			82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
415	SI MELBOONINE FL SEBUI		83		
1			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					
12.	Signature, typod or printed name of registered agon OFFICERS AND		Registered Agent signature require 13.		STATE CONTROL IN 40
TITLE	PD OF FICE AND	DELETE	11 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	RICE, ALAN R.		1.2 NAME		
STREET ADDRESS	600 W. 111TH ST., PH1		1.3 STREET ADDRESS		
CITY-ST-ZIP	NY NY		1.4 City-St-ZIP		
TITLE		☐ DELETE	21 HILE		Change Addition
NAME		•	2.2 NAME		_ • -
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME	ļ		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
C(TY-ST-ZIP			3.4. CITY - \$1 - 7IP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	ļ		4.3 STREET ADDRESS		-
CITY-ST-ZIP		T perete	4.4 CITY - ST - ZIP	······································	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME	1		5.2 NAME		

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

SIGNOTHEDEROUNDED

DELETE