

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H00263** (4)

1. Corporation Name

THE TOWNSEND WOODFORD GROUP, INC.



Principal Place of Business

**C/O CHARLES G. VISCONTI
STE 1612, 90 WEST STR
NEW YORK NY 10006
US**

Mailing Address

**C/O CHARLES G. VISCONTI
STE 1612, 90 WEST STR
NEW YORK NY 10006
US**

3. Date Incorporated or Qualified
04/24/1984

3a. Date of Last Report
01/31/1995

4. FEI Number

59-2397238

Applied For

Not Applicable

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

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

24

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAMPELL, PAUL
STE 202, 125 WORTH AVE
PALM BEACH FL 33480**

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

Signature typed or printed name of registered agent or director

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **RAMPELL, PAUL**
STREET ADDRESS **STE 202, 125 WORTH AVE**
CITY-ST-ZIP **PALM BCH FL**

TITLE **PT** ☐ DELETE
NAME **VISCONTI, CHARLES G.**
STREET ADDRESS **STE 1612, 90 WEST STR**
CITY-ST-ZIP **NEW YORK NY**

TITLE **S** ☐ DELETE
NAME **BITALVO, LOUISE**
STREET ADDRESS **143-10 38TH AVENUE**
CITY-ST-ZIP **FLUSHING NY**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

ZIP: 33480-4466

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

ZIP: 10006

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

ZIP: 11354

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 in an attachment with an address.

SIGNATURE: **Charles G. Visconti** **CHARLES G. VISCONTI, PRES., JAN. 25TH 1996, (212) 267-4242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)