FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # J74823   (2)

1. Corporation Name
ROBERT M. FOMON & COMPANY, INC.

Principal Place of Business
974 SOUTH OCEAN BLVD.
PALM BEACH FL 33480-4909

Mailing Address
C/O HERTZ, HERSON & CO. LLP
TWO PARK AVENUE, STE 1500
NEW YORK NY 10016-5793

3. Date Incorporated or Qualified 05/28/1987	**3a. Date of Last Report** 04/17/1996
4. FEI Number 59-2814351	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
21
Suite, Apt #, etc.
22
City & State
23
Zip 24   Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29   Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ___
(Signature, typed or printed name of registered agent and title if applicable)   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **P** ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME **FOMON, ROBERT M.**	1.2 NAME
STREET ADDRESS **974 SOUTH OCEAN BLVD.**	1.3 STREET ADDRESS
CITY-ST-ZIP **PALM BEACH FL**	1.4 CITY-ST-ZIP
TITLE ☐ DELETE	2.1 TITLE ☐ 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	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE ☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

CR2E034 (9/96)

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: ___ _Robert M. Fomon_   Date 1/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Daytime Phone #