

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

FILED  
Apr 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K05904** (3)  
1. Corporation Name  
**HAMLET HOLDINGS, INC.**



Principal Place of Business <b>THE BANK OF NEW YORK ONE WALL ST. NEW YORK NY 10286 US</b>	Mailing Address <b>48 WALL STR 16TH FLOOR NEW YORK NY 10286 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>12/08/1987</b>	
25		30		4. FEI Number <b>13-3442135</b>	
25		30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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			
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	1. KRAUS, DAVID P		
CITY-ST-ZIP	1 WALL ST 22ND FLOOR NY NY		
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	2. SLANE, MARK R		
CITY-ST-ZIP	1 WALL ST 16TH FL NY NY		
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	3. SARG, LAWRENCE F		
CITY-ST-ZIP	ONE WALL ST. NEW YORK NY		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS	4. LAPHAM, STEVEN P.		
CITY-ST-ZIP	ONE WALL ST NEW YORK NY		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS	5. SCRAGG, WILLIAM M.		
CITY-ST-ZIP	ONE WALL ST NEW YORK NY		
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	6. LEARY, JOSEPH F		
CITY-ST-ZIP	48 WALL STREET - 16TH FLOOR NEW YORK NY		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME		V Lazar, Dan S.	
4.3 STREET ADDRESS		48 Wall Street - 17th Floor	
4.4 CITY-ST-ZIP		New York, New York	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME		Jeremias, William	
5.3 STREET ADDRESS		48 Wall Street - 15th Floor	
5.4 CITY-ST-ZIP		New York, NY 10286	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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.

SIGNATURE: *Joseph F. Leary* 3/23/98 (212)

CR2E034 (10/97)