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95 APR 13 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **K24362** (1)

1. Corporation Name
225 - 27 STREET CORP.

Principal Place of Business: ~~300 E. 57th St, New York, NY 10022~~

Mailing Address: ~~300 E. 57th St, New York, NY 10022~~

2. Principal Place of Business: **8 LAKE ST**

2a. Mailing Address: **← SAME**

21. Suite, Apt. #, etc.: **—**

22. Suite, Apt. #, etc.: **← SAME**

23. City & State: **MONROE N.Y.**

24. Zip: **10950**

25. County: **ORANGE**

3. Date Incorporated or Qualified: **05/23/1988**

3a. Date of Last Report: **05/02/1994**

4. FEI Number: **65-0060979**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

BURNS, MEL
2797 N.E. 51ST STREET APT 104
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

05 Zip Code: **FL**

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	D
NAME	BURNS, MICHAEL D.
STREET ADDRESS	85 EAST END AVE., APT 9M
CITY - ST - ZIP	NEW YORK NY 10028
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	B
1.3 STREET ADDRESS	JEFF WOLF
1.4 CITY - ST - ZIP	920 PARK AVE
	NY NY - 10028
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this report is the applicable annual report to 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 and that the report is in full compliance with the provisions of Chapter 67, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked. I am authorized to execute this report as required by Chapter 67, Florida Statutes.

SIGNATURE: _____ (Signature and typed or printed name of signing officer or director)

Date: **3/16/95** 719

System Phone #: **783 7100**