

**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 # **L05517** (2)

1. Corporation Name  
**THE LANDED GENTRY, INC.**



Principal Place of Business Mailing Address  
**C/O CORNICK, GARBER & SANDLER  
1290 AVE. OF THE AMERICAS  
NEW YORK NY 10104**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified **07/28/1989** 3a. Date of Last Report **03/17/1995**  
4. FEI Number **65-0188279** 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  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**TOLKIN, A. RONALD  
53 WOODS LANE  
BOYNTON BEACH FL 33436**

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 the applicable

NOTE: Signature (April's system) to provide the

(Date)

12. OFFICERS AND DIRECTORS  
TITLE **PTD**  DELETE  
NAME **TOLKIN, ARNOLD R.**  
STREET ADDRESS **53 WOODS LANE**  
CITY-STATE-ZIP **BOYNTON BEACH FL**  
TITLE **VSD**  DELETE  
NAME **TOLKIN, BARBARA**  
STREET ADDRESS **53 WOODS LANE**  
CITY-STATE-ZIP **BOYNTON BEACH FL**  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP  Change  Addition  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP  Change  Addition  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP  Change  Addition  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP  Change  Addition  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP  Change  Addition  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-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)(a), 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:

*Arnold R. Tolkin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

576 845-8000 Ext 2101

CR2E034 (12/95)