

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 # **L57265** (5)

1. Corporation Name
ROUTE 436 CORPORATION



Principal Place of Business

Mailing Address

C/O SANFORD A. MINKOFF
226 W ALFRED ST
TAVARES FL 32778-3239

C/O HOCHBERG, AUDREY. G
7 STONEHOUSE RD
SCARSDALE NY 10583
US

2. Principal Place of Business

21 **7 STONEHOUSE RD.**

Suite, Apt. #, etc.

22 City & State

23 **SCARSDALE, NY 10583**

24 Zip **10583**

Country

25 **WESTCHESTER**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 **US**

3. Date Incorporated or Qualified

03/12/1990

3a. Date of Last Report

02/27/1995

4. FEI Number

59-3014421

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINKOFF, SANFORD A.
226 W ALFRED ST
TAVARES FL 32778

81 Name

PAUL, RICHARD A. PA

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

429 EAST MAGNOLIA AVENUE

83

84 City

EUSTIS

FL

85 Zip Code

32927

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

Richard A. Paul

(NOTE: Registered Agent Signature required when reinstating)

1/30/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	HOCHBERG, AUDREY G	
STREET ADDRESS	7 STONEHOUSE RD.	
CITY - ST - ZIP	SCARSDALE NY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BOGIN, MERLE G	
STREET ADDRESS	176 E. 71ST ST.	
CITY - ST - ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOCHBERG, HERBERT L.	
1.3 STREET ADDRESS	7 STONEHOUSE ROAD L.	
1.4 CITY - ST - ZIP	SCARSDALE, NY 10583	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP	NEW YORK, NY 10021	
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 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 on an attachment with an address.

SIGNATURE:

Herbert L. Hochberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 22, 1996 212 872-1507

Date

Daytime Phone

CR2E034 (12/95)