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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M66027 (7)

1. Corporation Name
SYLVAN HILLS CORPORATION

Principal Place of Business
%BARBARA E DALE
50 CHARLES LINDBERGH BLVD #500
UNIONDALE NY 11553

Mailing Address
%BARBARA E DALE
50 CHARLES LINDBERGH BLVD #500
UNIONDALE NY 11553-3679



3. Date Incorporated or Qualified 01/27/1988
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2880627		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip Country		29 Zip Country		30			

9. Name and Address of Current Registered Agent

PRENTICE HALL CORP. SYSTEM, INC.
1201 HAYES ST
STE 105
TALL FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANIERI, SALVATORE A.	1.2 NAME	
STREET ADDRESS	C/O RANIERI & CO. 50 CHARLES LINDBERGH BLV	1.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONDALE NY	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANIERI, L	2.2 NAME	
STREET ADDRESS	C/O RANIER & CO. 50 CHARLES LINDBERG BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONDALE NY	2.4 CITY-ST-ZIP	
TITLE	DTV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, KENDRICK R. II	3.2 NAME	
STREET ADDRESS	ONE ROCKFELLER PLAZO	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, STANLEY L.	4.2 NAME	
STREET ADDRESS	ONE WORLD TRADE CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10048	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANIATTY, CONNIE S.	5.2 NAME	
STREET ADDRESS	SALOMON BROS., 7 WORLD TRADE CENTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10048	5.4 CITY-ST-ZIP	
TITLE	DASV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLUSH, DAVID M. C/O R	6.2 NAME	
STREET ADDRESS	50 CHARLES LINDGERG BLVD, STE 500	6.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONDALE NY	6.4 CITY-ST-ZIP	

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: *David M. Golush* REQUIRED
Director, Vice President and Assistant Secretary 4/21/97
Date Daytime Phone #

CR2E034 (9/96)