FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED May 06 1997 8:00am Secretary of State

DOCUMENT # N20011				Secretary of State	
THEN	NEW YURKER COHONI	piocassamino o	ie incremend inco		
Principal Plac	ce of Business	Mailing Address	NEWWAL GO	-	
	NEW YORK ST.	3	100		
	4WOOD, FL 3309	Howard	17		
	120091.	1,10 (0000)	11-0	3. Date Incorporated or Qualified 3a	. Date of Last Report
				04/07/1987 0	5/01/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# stc	26 32 0 M & W Suite, Apt. #, etc.	YORK ST	65-0011893	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stal	IC .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 40114000	PL	Trust Fund Contribution	Added to Fees
Z(0 24	Country 25	Zip 29 33019	Country 30 ISROWANT	8. This corporation has liability for intang	ible tax under s. 199.032,
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registe	red Agent
BOND	CCURSO, JOSEPH		81 Name		· ,
2 10 I	VEW YORK ST	•	82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	•	_			·
HOLL	YW0001FL 330	17	83		
			84 City		85 Zip Code
11. Parsuant	to the previsions of Sections 617.050	02 and 617.1508, Florida Statu	tes, the above-named corp	poration submits this statement for the purpor	se of changing its registered
office or agent 1 a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 617.0503, Fl	authorized by the corporat lorida Statutes.	ion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	,				
	Signature, typed or printed name of registered ag		TE Registered Agent signature requir		
12.	·	ID DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	BONACCURSO JOS		1.2 NAME		Change Chaoding
STREET ADDRESS	320 NEW YORK	ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL.		1.4 CITY-ST-ZIP		Ì
1IILE	VD OV	DELETE	2.1 TITLE		Change Addition
NAME	CANOSA, AND 300 NEW YOR	IGELA	2.2 NAME		
STREET ADORESS	320 NEW YOR	ik st	2.3 STREET ADDRESS		
CITY ST 7IP	HOLLY WOOD	1 CL	2. 4 CITY-ST-ZIP		
TIT.,F	BONACCURSO	/ DELETE	3.1 THILE #		Change Addition
NAME	1 ~ - (/ Lat Y - 13	KST	3.2 NAME		
STREET ADDRESS	320 NEW 10K	,	3 3 STREET ADDRESS		į
CHY-SI-Zip	HOLLYWOOD,	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE NAME	STD	first 1	4 7 INCE 4 2 NAME		Ti priorite Ti vonitori
STRIFF ADDRESS	RAGILLON	IN CT	4.3 STREET ADDRESS		<u> </u>
CHT - ST - ZIP	330 NEW Y	のに下って	4.4 CITY-ST-ZIP	~ /s	\
111tf	11227000	DELETE	5.1 TITLE	117,0	Change Addition
NAME			5.2 NAME	V / h	
STREET ADORESS			. 5.3 STREET ADORESS	$\mathcal{N}_{\mathcal{N}}$	
CITY ST ZIP			5 4 CITY-ST-ZIP	J	
HILE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	300002179	453
STREET ADDRESS			6.3 STREET ADDRESS	-05/15/9701021-	Ull
CITY ST ZIF		al the file of the second	6.4 CITY-ST-ZIP	***61.25	rethree a satisfy that the
informati	on indicated on this annual report or	supplemental annual report is:	true and accurate and that	f in Section 119,07(3)(i), Florida Statutes. I fu my signature shall have the same legal effe	of 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ELUICA BONACORO VP X