

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000001860 (5)**

1. Corporation Name
YORK ELEVEN NINETY REMEMBERED, INC.



Principal Place of Business: 229 RIDGEVIEW DRIVE, PALM BEACH FL 33480
Mailing Address: 229 RIDGEVIEW DRIVE, PALM BEACH FL 33480

3. Date Incorporated or Qualified: **04/14/1994**
3a. Date of Last Report: **11/20/1995**

2. Principal Place of Business
21. **229 RIDGEVIEW DR**
Suite, Apt. #, etc. **PALM BEACH, FLA.**
City & State **33480**
Zip **33480** Country **U.S.A.**

2a. Mailing Address
26. **SAME**
Suite, Apt. #, etc.
City & State
Zip **-** Country **-**

4. FEI Number: **52-1876919**
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
LEVIN, JOSEPH
229 RIDGEVIEW DRIVE
PALM BEACH FL 33480

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Joseph Levin* DATE: **3/15/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	NOVAK, GYORA	
STREET ADDRESS	44 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LEVIN, JOSEPH	
STREET ADDRESS	229 RIDGEVIEW DR.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DANZIG, HOWARD S	
STREET ADDRESS	4300 S. US HWY #1 SUITE 203	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SILLS, RICHARD ESO	
STREET ADDRESS	333 E. 57TH STREET	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAAS, RUTH	
STREET ADDRESS	1801 S. FLAGLER	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEINER, ERNEST DR.	
STREET ADDRESS	1801 S. FLAGLER	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP STEVEN GROSS
4.3 STREET ADDRESS	333 E. 57th St.
4.4 CITY-ST-ZIP	NEW YORK - N.Y. 10022
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D ANN LOTTER
5.3 STREET ADDRESS	14 CAMBRIDGE PARK CT.
5.4 CITY-ST-ZIP	Twickenham - Middlesex United Kingdom
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D EDWARD CARPENTER
6.3 STREET ADDRESS	50 LOWER SLOANE ST.
6.4 CITY-ST-ZIP	LONDON - ENGLAND SW1W 8BP.

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JOSEPH LEVIN - ST.** *Joseph Levin* DATE: **3/15/96** 407-848-5822

CR2E037 (12/95)