

# 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

2a. Mailing Address

26 SAME

4. FEI Number

52-1876919

Applied For

Not Applicable

Suite, Apt. #, etc.

22 PALM BEACH, FLA.

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

City & State

23 334 80

City & State

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

24 U.S.A.

Country

Zip

29

Country

30

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

FL

85 Zip Code

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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME NOVAK, GYORA  
STREET ADDRESS 44 COCOANUT ROW  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ DELETE

NAME LEVIN, JOSEPH  
STREET ADDRESS 229 RIDGEVIEW DR.  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ DELETE

NAME DANZIG, HOWARD S  
STREET ADDRESS 4300 S. US HWY #1 SUITE 203  
CITY-ST-ZIP JUPITER FL 33477

TITLE ☒ DELETE

NAME SILLS, RICHARD ESO  
STREET ADDRESS 333 E. 57TH STREET  
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☒ DELETE

NAME HAAS, RUTH  
STREET ADDRESS 1801 S. FLAGLER  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☒ 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

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

VP STEVEN GROSS  
333 E. 57TH ST.  
NEW YORK - N.Y. 10022  
D ANN LOTTER  
14 CAMBRIDGE PARK CT.  
TWICKENHAM - MIDDLESEX  
UNITED KINGDOM  
D EDWARD CARPENTER  
50 LOWER SLOANE ST.  
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* 3/15/96 407-848-5822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)