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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000001860 (5)

1. Corporation Name

YORK ELEVEN NINETY REMEMBERED, INC.



Principal Place of Business Mailing Address
229 RIDGEVIEW DRIVE 229 RIDGEVIEW DRIVE
PALM BEACH FL 33480 PALM BEACH FL 33480-3305

3. Date Incorporated or Qualified 04/14/1994 3a. Date of Last Report 03/27/1996

2. Principal Place of Business 2a. Mailing Address
21 229 RIDGEVIEW DR. 26 SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 PALM BEACH FLA. 27 //

City & State City & State
23 33480 28 //

Zip Country Zip Country
24 25 U.S.A. 29 30 USA

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

10. Name and Address of New Registered Agent

LEVIN, JOSEPH
229 RIDGEVIEW DRIVE
PALM BEACH FL 33480

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

4/10/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

TITLE VP
NAME GROSS, STEVEN
STREET ADDRESS 333 3 57TH STREET
CITY-ST-ZIP NEW YORK NY

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

TITLE D
NAME LOTTER, ANN
STREET ADDRESS 14 CAMBRIDGE PARK COURT
CITY-ST-ZIP TWICKENHAM-MIDDLESEX UN

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

TITLE D
NAME CARPENTER, EDWARD
STREET ADDRESS 50 LOWER SLOANE STREET
CITY-ST-ZIP LONDON EN

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

JOSEPH LEVIN ST Joseph Levin

561-848-5822

CR2E037 (9/96)