FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 25 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02762 (3)

1. Corporation Name
FLORIKAM, INC.

Principal Place of Business	Mailing Address
EXECUTIVE PARK NORTH STUYVESANT PLAZA ALBANY NY 12203	EXECUTIVE PARK NORTH STUYVESANT PLAZA ALBANY NY 12203

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/19/1984
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 14-1642678 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MASSRY, MORRIS	12 NAME	
STREET ADDRESS	33 CENTERVIEW DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	TROY NY	14 CITY-ST-ZIP	
TITLE	PDT	21 TITLE	☐ Change ☐ Addition
NAME	KIRSCH, IRVING	22 NAME	
STREET ADDRESS	27 COBBLE HILL RD.	23 STREET ADDRESS	
CITY-ST-ZIP	LOUDONVILLE NY	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MASSRY, NORMAN	32 NAME	
STREET ADDRESS	134 OLD NISKAYUNA RD.	33 STREET ADDRESS	
CITY-ST-ZIP	LOUDONVILLE NY	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	HONIG, MARVIN	42 NAME	
STREET ADDRESS	3 MEADOWS DR	43 STREET ADDRESS	
CITY-ST-ZIP	MELROSE NY	44 CITY-ST-ZIP	
TITLE	DV	51 TITLE	☐ Change ☐ Addition
NAME	GREGORY, CHARLES	52 NAME	
STREET ADDRESS	10 CYPRESS AVE	53 STREET ADDRESS	
CITY-ST-ZIP	N. CALDWELL NJ	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Marvin I. Honig 4-19-95 STA 459-41-15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Marvin I. Honig, Secretary

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