

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P02762 (3)

1. Corporation Name

FLORIKAM, INC.

Principal Place of Business

EXECUTIVE PARK NORTH
STUYVESANT PLAZA
ALBANY NY 12203

Mailing Address

EXECUTIVE PARK NORTH
STUYVESANT PLAZA
ALBANY NY 12203



3. Date Incorporated or Qualified

07/19/1984

3a. Date of Last Report

04/25/1995

4. FEI Number

14-1642678

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
MASSRY, MORRIS
STREET ADDRESS 33 CENTERVIEW DRIVE
CITY-ST-ZIP TROY NY

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME PDT
KIRSCH, IRVING
STREET ADDRESS 27 COBBLE HILL RD.
CITY-ST-ZIP LOUDONVILLE NY

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
MASSRY, NORMAN
STREET ADDRESS 134 OLD NISKAYUNA RD.
CITY-ST-ZIP LOUDONVILLE NY

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME DS
HONIG, MARVIN
STREET ADDRESS 3 MEADOWS DR
CITY-ST-ZIP MELROSE NY

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME DV
GREGORY, CHARLES
STREET ADDRESS 10 CYPRESS AVE
CITY-ST-ZIP N. CALDWELL NJ

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS
2.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)