

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90208 044 \*\*\*150.00

DOCUMENT # P02762

1. Corporation Name  
FLORIKAM, INC.

Principal Place of Business

2 TOWER PL  
EXECUTIVE PK  
ALBANY NY 12203  
US

Mailing Address

2 TOWER PL  
EXECUTIVE PK  
ALBANY NY 12203  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1984

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 owes the current year Intangible  
Personal Property Tax.

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

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 D ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE PDT ☐ DELETE

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

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE DS ☐ DELETE

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

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV ☐ DELETE

NAME 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORRIS MASSRY  
DIRECTOR

Date

Daytime Phone #

4/20/99

584-8500

CR2/E034 (11/98)