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

PROFIT CORPORATION ANNUAL REPORT 1999

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT 1. Corporation Name	#	P0307	0
THE FALLY AND C	~-	00100100	

THE EQUITABLE OF COLORADO, INC.

Pr	incipal Place of Business	Mailing Address				
	0 17TH STREET #4950 NVER CO 80202	1290 AVE OF TH AMERICAS 12A J G WILLIAMS NEW YORK NY 10104 US	1290 AVE OF TH AMERICAS 12A J G WILLIAMS NEW YORK NY 10104			
2.	Principal Place of Business	2a. Mailing Address				
21		26				
	Suite, Apt. #, etc.	Suite, Apt. #, etc.				
22	L	27				
	City & State	Cily & State				
23		28				
	Zip Country	Z ₁ ρ Co	untry			
24	25	[30]				
	9. Name and Address of	Current Registered Agent	ĺ.,			
	FRIFINAN ROBERT M		81 Nan			

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DENVER CO 80	202	12A J G WILLIAMS NEW YORK NY 10104 US		DO NOT WRITE IN 1 3. Date Incorporated or Qualified 08/16/1984	THIS SPACE
2. Principal P 21 Suite, Apt	lace of Business #, etc.	2a. Mailing Address 26 Suite, Apt #, etc. 27	· ·	4. FE Number 13-3198083 5. Certificate of Status Desired []	Applied For Not Applicable \$8.75 Additional Fee Required
City & Stat		Cily & State	en e	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country [25] 9. Name and Address of Curre	Zip [29] [30] nt Registered Agent	Country	B. This corporation owes the current year Personal Property Tax 10. Name and Address of New Register	[]Yes []No
STE BOC	egistered agent, or both, in the State m familiar with, and accept the oblig.	e of Florida. Such change was auth ations of, Section 607.0505, Florida	84 City the above named orized by the corpo	Address (P.O. Box Number is Not Acceptable) corporation submits this statement for the purposoration's board of directors. Thereby accept the a	ppointment as registered
12.	Signature, typed or printed name of registered ag- OFFICERS A	rot and title if applicable (NOTE Re-	gistered Agéni signature re - 13.	DAT ADDITIONS/CHANGES TO OFFICER	and the second s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC ZABUSKY, ALLEN JOEL 135 W 50TH ST NEW YORK NY	() DELETE	1 V TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		[Change [Addition
TITLE NAME STREET ADDRESS	S Galasso, Linda Jo 1290 6th Ave 12th Fl New York Ny	רון ספּנפּופּ	21 THE 22 NAME 23 STREET ADDRESS	10060286 -03/15/93 ****158.)F.F!%ag —CAAQAA 01128001 01128-001
CITY-ST-ZIP TITLE NAME STREET ADDRESS	BYRNE, KEVIN R. 1290 6TH AVE 12TH FL NEW YORK NY	CJDELETE	2 4 City-St-ZIP 3 1 Tifle 3 2 NAME 3 3 STREET ADDRESS		[Change [] Addiban
CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD Shlesinger, Barry S. 1290 6th ave 14th Fl	C) DELETE	34 CITY-ST-ZIP 41 TITLE 4 2 NAME 43 STREET ADORESS		[Change Addition
CITY-ST-ZIP TITLE	NEW YORK NY	C) DELETE	44 CITY-ST-ZIP 51 TITLE	D	[Change Unddition

NEW YORK NY LI DELETE SHLESINGER, BARRY S. 1290 6TH AVE 14TH FL **NEW YORK NY** DELETE MARTIN, M

51 TITLE 5 2 NAM 1290 6TH AVE, 16TH FL 5.3 STREET ADDRESS NY NY 10104 54 CITY-\$1-Z-P 6 1 TITLE [] DELETE 6.2 NAME 6.3 STREET ADDRESS.

4.3 STREET ADORESS MICHEL BEAULIEU 1290 6th AVENUE -14 th Floor

NY, NY 10104 HARVEY BLITZ

1290 6 th Avenue - 12th F1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 (17(3)(i)). Florida Statutes. I further certify that the information discard on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legial 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:

2/23/99

212 314-3852

[| Change