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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

GAH	RISON, KEOGH & COMPAN	84 (4 vy, inc.	·)	 	ING 1864 1960 1860) Bebir 1860 1860
noipal Place	of Business	Mailing Address	-		
122 E. 421	ND STREET	V	ect.		
SUITE 3500 NEW YORK NY 10168		122 E. 42ND STREET Suite 3500			
NEW TOR	K NY 10168	NEW YORK NY 1	0168	3. Date Incorporated or Qualified	3a. Date of Last Report
E				11/25/1985	01/17/1995
Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	#, etc.	Suite, Aprt. #, etc.		13-2775552	Not Applicable
		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
iti 	Country	28		Trust Fund Contribution	Added to Fees
	25	Ζ _Ι ρ 29	Country 30	8. This corporation has liability for in	
	9. Name and Address of Curren			Florida Statutes Yes 10. Name and Address of New Re	No No
			81 Name	TO THE BUT AUGUST OF HOW FIE	Statesan Wildlift
	DRPORATION SYSTEM		82 Street Add	dress (P.O. Box Number is Not Acceptable	7
	S. PINE ISLAND ROAD		<u> </u>		o)
PLANT	TATION FL 33324		83		
			84 City		FL 85 Zip Code
r ursuam u Or registere lamiliar wit	o the provisions of Sections 607,0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section	and 607,1508, Florida Stati ia. Such change was author	utes, the above-named corporized by the corporation's boa	oration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changing its registered officintment as registered agent. Lam
	n, and accept the obligations of, 5ection	on 607.0505, Honga Statut	AS .		
			55.		-
ATURE	Signature, typod or printed riving af regulatived agent a				
NTURE		and title it applicable (1) DIRECTORS	NO'E Registered Agont signature require	ed when reinstaling)	DATE
ATURE	Standard band or printed name of represent apenia OFFICERS AND P	and title it applicable (NO'E Ragistered Agont signature require		DATE
ATURE _	Signature, typod or printed region of region beind agent a OFFICE RS AND P GARRISON, WILLIAM G.	and title it applicable (1) DIRECTORS	NO's Rogistered Agont signature requirement 13. 1 1 TIFLE 1.2 NAME	ed when reinstaling)	DATE DERS AND DIRECTORS IN 12
ATURE	Signature: Spreed or printed region along the best agreed a OFFICE HS: AND P GARRISON, WILLIAM G. 325 EAST 79TH STREET	and title it applicable (1) DIRECTORS	NO'E Ragistered Agonic signature require 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstaling)	DATE DERS AND DIRECTORS IN 12
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SIGNATURE: _c

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96 Cate (2H)557-7440