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FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P16002 (8)
 1. Corporation Name
LANCELOT REAL ESTATE CORPORATION



Principal Place of Business: **C/O HOWE & ADDINGTON 450 LEXINGTON AVE #3800 NEW YORK NY 10017 US**
 Mailing Address: **C/O HOWE & ADDINGTON 450 LEXINGTON AVE #3800 NEW YORK NY 10017 US**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 1209 Orange St | | 26 | | 09/17/1987 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | |
| 23 City & State W. Irving Lw DE | | 28 City & State | | 13-3375069 | |
| 24 Zip 19801 | | 29 Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 Country | | 30 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| C T CORPORATION SYSTEM 1200 SOUTH 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 reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---|
| TITLE | PSD | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, T.J. | 12 NAME | |
| STREET ADDRESS | 14 BRIARWOOD LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SUFFERN NY | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PETTINATTI, NICK | 2.2 NAME | |
| STREET ADDRESS | SHELL CENTRE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONDON | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEAVER, R B | 3.2 NAME | |
| STREET ADDRESS | WHEAT LAND | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DARIEN CT | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUSBY, G. | 4.2 NAME | |
| STREET ADDRESS | SHELL CENTRE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONDON EN | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICHARDSON, R. J. | 5.2 NAME | |
| STREET ADDRESS | 67 BOWMAN DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | GREENWICH CT | 5.4 CITY-ST-ZIP | |
| TITLE | AVP AS | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bruce E Hood | 6.2 NAME | |
| STREET ADDRESS | 450 Lexington Ave | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | NY NY 10017 | 6.4 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; 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 as an attachment with an address.

SIGNATURE: *[Signature]* **Bruce E Hood** 4-28-98 212-490-1700

CR2E034 (10/97)