

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

FILED
Feb 04 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 # **P16060** (6)
1. Corporation Name
ROSEBUD PROPERTIES, INC.

Principal Place of Business ONE PENN PLAZA STE 4015 NEW YORK NY 10119 US	Mailing Address ONE PENN PLAZA STE 4015 NEW YORK NY 10119 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/23/1987	
				4. FEI Number 13-3453628	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WENK, JOSEPH R.			12 NAME			
STREET ADDRESS	ONE PENN PLAZA STE 4015			13 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			14 CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODGERS, ROBERT H.			22 NAME			
STREET ADDRESS	ONE PENN PLAZA STE 4015			23 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			24 CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMS, MICHAEL S.			32 NAME			
STREET ADDRESS	ONE PENN PLAZA, STE 4015			33 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			34 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEIDNER, MARTIN L.			42 NAME			
STREET ADDRESS	ONE PENN PLAZA STE 4015			43 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			44 CITY-ST-ZIP			
TITLE	AV	<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FISHMAN, RONALD B			52 NAME			
STREET ADDRESS	ONE PENN PLAZA STE 4015			53 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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.

CR2E034 (10/97)