

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

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name:

P18787
FUND A ORLANDO, INC.

Principal Place of Business	Mailing Address
3201 EAST COLONIAL DRIVE ORLANDO, FLORIDA 32803	437 MADISON AVE-18th flr NEW YORK, NY 10022

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 4/12/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FFI Number 59-2898895	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FLORIDA 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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	Peck, Norman L.	1.2 NAME	
STREET ADDRESS	437 Madison Ave	1.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	Peskin, Mark	2.2 NAME	
STREET ADDRESS	437 Madison Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY	2.4 CITY-ST-ZIP	
TITLE	VST	3.1 TITLE	☐ Change ☐ Addition
NAME	Emmanuel, John	3.2 NAME	
STREET ADDRESS	437 Madison Ave.	3.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	☐ Change ☐ Addition
NAME	Lachman, Leanne	4.2 NAME	
STREET ADDRESS	437 Madison Ave	4.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 of this report or on an attachment with an address.

SIGNATURE:

Mark Peskin - Vice President

5/1/98

212-940-3600

CR2E034 (10/97)