

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAY 30 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P21823** (0)

1. Corporation Name
FRAGMENTS, INC.

Principal Place of Business: **107 GREENE STREET NEW YORK NY 10012**

Mailing Address: **107 GREENE STREET NEW YORK NY 10012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/18/1988**

3a. Date of Last Report: **06/16/1994**

4. FEI Number: **13-3221687**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under § 192.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. Suite, Apt #, etc: **27**

23. City & State: **28**

24. City: **25** County: **29** City: **30** County: **31**

9. Name and Address of Current Registered Agent

COURTNEY, MARLO
640 OCEAN DRIVE
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 Zip Code: **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GOLDMAN, JANET
STREET ADDRESS	107 GREENE STREET
CITY, ST, ZIP	NEW YORK NY
TITLE	VSD
NAME	MOORE, JIMMY
STREET ADDRESS	107 GREENE STREET
CITY, ST, ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	300001504273
14 CITY, ST, ZIP	-06/02/95--01021--014
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	****225.00 ****225.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

*MS 5/2/95
CD # 7113
225.00*

14. I do hereby certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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. I am an officer or director of the corporation or the person or persons 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 any attachment with an address.

SIGNATURE: *[Signature]* CONTROLLER

DATE: **5/2/95**

Typed Name: **(212) 219-9111**