

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

**APPROVED
AND
FILED**

96 JAN 24 AM 8:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 State, Apt. #, etc.	26 State, Apt. #, etc.	11/18/1988	05/30/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	13-3221687	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	
		<input type="checkbox"/>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COURTNEY, MARLO 640 OCEAN DRIVE MIAMI BEACH FL 33139	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

11. I, undersigned, in accordance with 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 607.0504, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME: PTD GOLDMAN, JANET STREET ADDRESS: 107 GREENE STREET CITY, ST, ZIP: NEW YORK NY TITLE: VSD <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MOORE, JIMMY STREET ADDRESS: 107 GREENE STREET CITY, ST, ZIP: NEW YORK NY TITLE: <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY, ST, ZIP: TITLE: <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY, ST, ZIP: TITLE: <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY, ST, ZIP: TITLE: <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY, ST, ZIP: TITLE: <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

*MA 1/15/96
CEN 7799
\$200.00*

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-02/29/96--01100--018
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Chapter 12, in an appointment with an address.

SIGNATURE: _____ **DATE:** 1/15/96 **DAYTIME PHONE #:** (212) 226-8878

CR2E034 (12/95)