

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P22379 (2)**
1. Corporation Name
ASTRUM SERVICE CORP.



Principal Place of Business Mailing Address
% ASTRUM INTERNATIONAL CORP.
40301 FISHER ISLAND DR.
FISHER ISLAND FL 33109
US
% ASTRUM MANAGEMENT CORP.
600 MADISON AVE. 11 FL
NEW YORK NY 10022
US

3. Date incorporated or Qualified **01/03/1989** 3a. Date of Last Report **05/01/1995**
4. FEI Number **13-3492342** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 **c/o Samsonite Corporation**
22 City & State 27 **11200 E. 45th Ave.**
23 Zip Country 28 **Denver, CO**
24 Zip Country 29 **80239** 30 **USA**

9. Name and Address of Current Registered Agent
UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET, #305
NORTH MIAMI BEACH FL 33162-4997

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature typed or printed name of registered agent in state of Florida _____
Mailing Address of registered agent (required when not staying) _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	GREEN, STEVEN	
STREET ADDRESS	40301 FISHER ISLAND DR	
CITY - ST - ZIP	FISHER ISLAND FL	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	HUNT, GREGORY	
STREET ADDRESS	372 WASHINGTON ST., 3RD FL.	
CITY - ST - ZIP	WELLESLEY MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas R. Sandler
2.3 STREET ADDRESS	11200 E. 45th Avenue
2.4 CITY - ST - ZIP	Denver, CO 80239
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rita Rosenberg
3.3 STREET ADDRESS	1330 Avenue of the Americas, 17th FL
3.4 CITY - ST - ZIP	New York, NY 10019
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D. Michael Clayton
4.3 STREET ADDRESS	11200 E. 45th Avenue
4.4 CITY - ST - ZIP	Denver, CO 80239
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: **By: D. Michael Clayton** 4/10/96 (303) 373-6174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
D. Michael Clayton Vice President
Date: _____ Telephone: _____

CR2E034 (12/95)