FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **P23628** **(1)**

1. Corporation Name

ELMSFORD CORAL SQUARE CORP.

Principal Place of Business	Mailing Address
% ROBERT MARTIN COMPANY 100 CLEARBROOK RD ELMSFORD NY 10523	% ROBERT MARTIN COMPANY 100 CLEARBROOK RD ELMSFORD NY 10523

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/29/1989**	3a. Date of Last Report: **04/22/1994**
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite/Apt. # (22)	Suite/Apt. # (27)
City & State (23)	City & State (28)
Zip (24) County (25)	Zip (29) County (30)
4. FEI Number: **13-3506968**	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 § 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301	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 Section 607.0427 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		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	BERGER,, MARTIN S.	NAME	
STREET ADDRESS	100 CLEARBROOK ROAD	STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY	CITY-ST-ZIP	
TITLE	CD	TITLE	☐ Change ☐ Addition
NAME	WEINBERG, ROBERT F.	NAME	
STREET ADDRESS	100 CLEARBROOK ROAD	STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY	CITY-ST-ZIP	
TITLE	VS	TITLE	☐ Change ☐ Addition
NAME	ROOS, LLOYD I.	NAME	
STREET ADDRESS	100 CLEARBROOK ROAD	STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY	CITY-ST-ZIP	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	BERGER, BRAD W.	NAME	
STREET ADDRESS	100 CLEARBROOK ROAD	STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	JONES, TIM M	NAME	
STREET ADDRESS	100 CLEARBROOK ROAD	STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is substantially complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an indication of any change(s) or addition(s).

SIGNATURE: _____ MARTIN BERGER 4-4-95 (914) 592-4800

SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473770 FP