## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # P2390	<i>(</i> 3)					
BPAI, IN	NC.						
Principal Place	of Business	Mailing Address				falls diest dialit dials etat	E Q
		270 MADISON AVE.					
270 MADISON 2ND FLOOR	I AVE.	2ND FLOOR					
NEW YORK NY 10016		NEW YORK NY 10016		3. Date Incorporated or Qualified	3a. Date of Last		
					04/19/1989	05/01/1	1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 13-0598110		Applied For
21		26			Not Applicable   \$8.75 Additional		
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 7	Required
City & State		Crty & State			6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	Countr	У	8. This corporation has liability for i	intangible tax under s ☑ Yes ☐ No	s. 199.032,
24	25   29   9. Name and Address of Current Registered Agent		30	Florida Statutes  10. Name and Address of			
	9. Name and Address of Curre	III negisterad Agent	8	1 Name	10. 10.		
BOWEN, SERENA .				Church Ac	Idress (P.O. Box Number is Not Acceptab	le)	
5201 W. KENNEDY BLVD.				2 Street Ac	IGIESS (F.O. BOX NUMBER IS NOT Acceptable		
SUITE 730				3			
TAMPA FL 33609			8	4 City		<b></b> 85 2	Zip Code
			1	'			
or register familiar wit	to the provisions of Sections 617.050 red agent, or both, in the State of Flor th, and accept the obligations of, Sec	tion 617.0503, Florida Statutes.			oration submits this statement for the pur oard of directors. I hereby accept the apportent, Manajer	ointment as régistere	ed agent. I am
SIGNATURE _	Signature, typed or printed name of registered age		TE: Registered Ac	jent signature requ	uired when reinstaling)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	P		. 11 TITL	1		Change	e Addition
NAME	MARCHESANO, MICHAEL			12 NAME			
STREET ADDRESS	270 MADISON AVE. NEW YORK NY 10016			ET ADDRESS			
CITY - ST - ZIP	MEM LOUV MI 10010			- ST- ZIP		☐ Change	e Addition
TITLE NAME	MACRINI, EDWARD L.		2 1 TITL 2 2 NAM				
STREET ADDRESS	OZO MADICON AVE		2 3 STR	ET ADDRESS			
CITY - ST-ZIP	NEW YORK NY 10016		2 4 CIT	Y - ST - ZIP			
TITLE	\$	□DELETE 3		E	ercopp laver b	Change	e Addition
NAME	OIDEET, TTE ATT. V.		3.2 NAM				
STREET ADDRESS				EET ADDRESS	270 MADISON AVENUE		
CITY-ST-ZIP	NEW YORK NY 10016			Y-ST-ZIP	NEW YORK, NY 10016	K Chang	e Addition
TITLE	SECORD, JAMES P.		4 1 TITL 4 2 NAI		ANDREAS OF LEGAL C		
NAME STOSE LADODESS	270 MADISON AVE.		•	EET ADDRESS	HUFNAGEL, LEON C. 270 MADISON AVENUE		
STREET ADDRESS CITY - S1 - ZIP	NEW YORK NY			(-ST-ZIP	NEW YORK, NY 10016		
THILE	D	DELETE	5.1 TITL			☐ Chang	e Addition
NAMÉ	SULLIVAN, STEPHEN G.	, STEPHEN G.		AE .			
STREET ADDRESS	270 MADISON AVE.		53 STR	EET ADDRESS			
CITY ST-ZIP	NEW YORK NY 10016		5.4 CIT	Y-ST-ZIP		<u> </u>	a Addition
TITLE			6 1 TITI			Chang	ge 🔲 Addition
NAME	SPEROS, JAMES D.		6 2 NA		COSTELLO, RICHARD A.		
STREET ADDRESS				IEET ADDRESS	270 MADISON AVENUE		
CITY-S1-ZIP	NEW YORK NY 10016		6.4 CiT	Y-ST-ZIP	NEW YORK, NY 10016	0.07/2V/M Florida Sta	states i further

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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an abdress.

SIGNATURE:

Edward L. Macrini 1/24/96 212-779-3200