

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P28235 (0)

1. Corporation Name
JV FLORIDA ONE, INC.

Principal Place of Business
730 THIRD AVENUE
NEW YORK NY 10017

Mailing Address
730 THIRD AVENUE
NEW YORK NY 10017-3206

3. Date Incorporated or Qualified 02/23/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 13-3557420	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

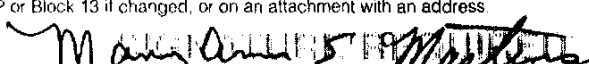
DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LEE, J. DANIEL, JR.
STREET ADDRESS	730 THIRD AVENUE
CITY-ST-ZIP	NEW YORK NY
TITLE	PD
NAME	SOMERS, JOHN A.
STREET ADDRESS	730 THIRD AVENUE
CITY-ST-ZIP	NEW YORK NY
TITLE	S
NAME	SERLEN, MARK L.
STREET ADDRESS	730 THIRD AVENUE
CITY-ST-ZIP	NEW YORK NY
TITLE	TD
NAME	ADAMSKI, RICHARD J.
STREET ADDRESS	730 THIRD AVENUE
CITY-ST-ZIP	NEW YORK NY
TITLE	VD
NAME	JARDINE, JOHN B
STREET ADDRESS	730 THIRD AVE
CITY-ST-ZIP	NEW YORK NY
TITLE	VD
NAME	BULLETT, DAVID B.
STREET ADDRESS	730 THIRD AVENUE
CITY-ST-ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VD
1.2 NAME	Joseph W. Luik
1.3 STREET ADDRESS	730 Third Avenue
1.4 CITY-ST-ZIP	New York, NY 10017
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	AS
6.2 NAME	Mary Ann E. Masters
6.3 STREET ADDRESS	730 Third Avenue
6.4 CITY-ST-ZIP	New York, NY 10017

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:


NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97
Date

212-916-4600
Daytime Phone #

0003869

CR2E034 (9/96)