FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -8 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P28705 (2)

1. Corporation Name
LARGO MALL, INC.

Principal Place of Business	Mailing Address
C/O CORPORATION SERVICE COMPANY 1013 CENTRE ROAD WILMINGTON DE 19805-1265	C/O CORPORATION SERVICE COMPANY 1013 CENTRE ROAD WILMINGTON DE 19805-1265

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/30/1990	03/22/1994

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

4. FEI Number
52-1673757
☐ 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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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 _____ (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PECK, NORMAN L.	12 NAME	
STREET ADDRESS	437 MADISON AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	LACHMAN, M. LEANNE	22 NAME	
STREET ADDRESS	437 MADISON AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	
TITLE	VST	31 TITLE	☐ Change ☐ Addition
NAME	PESKIN, MARK	32 NAME	
STREET ADDRESS	437 MADISON AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PESKIN, MARK	42 NAME	
STREET ADDRESS	437 MADISON AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	
TITLE	VAS	51 TITLE	☐ Change ☐ Addition
NAME	MARLOWE, JOHN	52 NAME	
STREET ADDRESS	437 MADISON AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	NEEDELL, BENJAMIN F.	62 NAME	
STREET ADDRESS	919 THIRD AVE	63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is valuably furnished 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 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 above, or on an attachment with an address.

SIGNATURE: _____ Mark Peskin, Vice-President 2/27/95 212-486-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002373 CP