

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # P29794 (5)**

1. Corporation Name

**DAYTOP VILLAGE FOUNDATION INCORPORATED**

Principal Place of Business

**54 WEST 40TH STREET  
LEGAL DEPARTMENT  
NEW YORK NY 10018**

Mailing Address

**54 WEST 40TH STREET  
LEGAL DEPARTMENT  
NEW YORK NY 10018-2602**3. Date Incorporated or Qualified  
**06/18/1990**3a. Date of Last Report  
**02/14/1996**

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.**22**  
City & State**23**  
Zip Country**24**

2a. Mailing Address

**26**  
Suite, Apt. #, etc.**27**  
City & State**28**  
Zip Country**29**4. FEI Number  
**14-6046772**Applied For  
Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**TRUMBULL ESQ, WILLIAM  
501 E KENNEDY BLVD  
TAMPA FL 33602**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>O'BRIEN, MSGR. WILLIAM B</b>
STREET ADDRESS	<b>54 WEST 40TH STREET</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>MADDEN, BRIAN J.</b>
STREET ADDRESS	<b>54 WEST 40TH STREET</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE
NAME	<b>CERVINO, CARMEN</b>
STREET ADDRESS	<b>142 KILBURN ROAD</b>
CITY-ST-ZIP	<b>GARDEN CITY SOUTH NY</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>LOVERME, JOHN P ESQ</b>
STREET ADDRESS	<b>201 EAST 62ND STREET</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CUMMINS, GERALD R.</b>
STREET ADDRESS	<b>1270 BROADWAY, SUITE 803</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>FROME, ROBERT L.</b>
STREET ADDRESS	<b>505 PARK AVENUE</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Hijazi, Yasser</b>
1.3 STREET ADDRESS	<b>54 West 40th Street</b>
1.4 CITY-ST-ZIP	<b>New York, N.Y. 10018</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Winston, Steve, Esq.</b>
2.3 STREET ADDRESS	<b>54 West 40th Street</b>
2.4 CITY-ST-ZIP	<b>New York, N.Y. 10018</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>CD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>GRIMALDI, JOHN P.</b>
5.3 STREET ADDRESS	<b>100 West 57th Street</b>
5.4 CITY-ST-ZIP	<b>New York, N.Y. 10019</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<b>CD - FROME, ROBERT L.</b>
6.2 NAME	<b>505 Park Avenue</b>
6.3 STREET ADDRESS	<b>New York, N.Y. 10022</b>
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 29, 1997 (212)354-6000

Date Daytime Phone # 0075100

CR2E037 (9/96)