


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/18/1990	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 14-6046772	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent TRUMBULL ESQ, WILLIAM 501 E KENNEDY BLVD TAMPA FL 33602				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	O'BRIEN, MSGR. WILLIAM B				
STREET ADDRESS	54 WEST 40TH STREET				
CITY-ST-ZIP	NEW YORK NY				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	MADDEN, BRIAN J.				
STREET ADDRESS	54 WEST 40TH STREET				
CITY-ST-ZIP	NEW YORK NY				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	CERVINO, CARMEN				
STREET ADDRESS	142 KILBURN ROAD				
CITY-ST-ZIP	GARDEN CITY SOUTH NY				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	LOVERME, JOHN P ESQ				
STREET ADDRESS	201 EAST 62ND STREET				
CITY-ST-ZIP	NEW YORK NY				
TITLE	CD	<input type="checkbox"/> DELETE			
NAME	GRIMALDI, JOHN P.				
STREET ADDRESS	100 WEST 57 STREET				
CITY-ST-ZIP	NEW YORK NY				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	FROME, ROBERT L.				
STREET ADDRESS	505 PARK AVENUE				
CITY-ST-ZIP	NEW YORK NY				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	YASSER HIJAZI				
1.3 STREET ADDRESS	54 WEST 40TH STREET				
1.4 CITY-ST-ZIP	NEW YORK, N.Y. 10018				
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	STEVEN WINSTON, ESQ.				
2.3 STREET ADDRESS	54 WEST 40TH STREET				
2.4 CITY-ST-ZIP	NEW YORK, N.Y. 10018				
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: **STEVEN WINSTON, Sr. Vice President**
SIGNATURE REQUIRED **1998**
212-354-6000

CR2E037 (10/97)