

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P32104 (2)  
1. Corporation Name  
PARQUET INC.

Principal Place of Business Mailing Address  
C/O WEISSBARTH, ALTMAN & MICHAELSON  
156 WEST 56TH STREET  
NEW YORK NY 10019

APPROVED  
AND  
FILED  
98 JUL 26 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 % BLOOM HOCHBERG & CO., P.C.		26 % BLOOM HOCHBERG & CO., P.C.		12/14/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 450 SEVENTH AVENUE		27 450 SEVENTH AVENUE		13-3353984	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 NEW YORK, NEW YORK		28 NEW YORK, NEW YORK		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 10123		29 10123		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELSON, ROBERT T.	1.2 NAME	700002601887--2
STREET ADDRESS	156 W. 56TH STREET	1.3 STREET ADDRESS	-07/29/98--01083--007
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANG, MARTIN	2.2 NAME	
STREET ADDRESS	156 W. 56TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	PTSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, EDWIN H.	3.2 NAME	BAKER, EDWIN H.
STREET ADDRESS	250 PARK AVENUE	3.3 STREET ADDRESS	250 PARK AVENUE
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	NEW YORK NY
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, CORA D	4.2 NAME	
STREET ADDRESS	250 PARK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWIN H. BAKER

Date

6/22/98

Daytime Phone #

212-351-4710

0005038

2012

**BLOOM HOCHBERG & CO., P. C.**

CERTIFIED PUBLIC ACCOUNTANTS

450 SEVENTH AVENUE  
NEW YORK, N.Y. 10123

TELEPHONE  
(212) 244-2112  
FAX  
(212) 629-5058

Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, Florida 32314

July 13, 1998

Re: Parquet Inc.  
Ref. Number: P32104

Dear Sir or Madam:

We previously wrote to you explaining the late filing of the Annual Report and requested that the taxpayer not be penalized for the late filing. You rejected our request and sent back the reports for additional payment. I want to clarify and further explain the reason for the late filing and request an abatement of the late filing fee.

The address on the Annual Report is that of the taxpayer's former accountants. In November, 1997, the taxpayer decided to change accounting firms and engaged our firm as their new accountants. Unfortunately, the transition was not smooth as the former accountants were not cooperative in remitting information and documents to us. When we began preparing the corporate tax returns for the taxpayer in June, 1998, we inquired about the filing of the Annual Reports which apparently were being held by the former accountants. We finally received the Reports and immediately completed them and filed them with the appropriate fee. Since we, as the representative of the taxpayer, did not receive this form in a timely manner, it would be unfair to the taxpayer to penalize them for circumstances beyond their control. The taxpayer has always complied with their filing requirements, and it would cause a hardship to penalize them especially considering these special circumstances. Therefore, we respectfully request that you abate the late filing fee.

Thank you for your cooperation.

Very truly yours,  
Bloom Hochberg & Co., P.C.

Michael Miller, CPA