

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
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DOCUMENT # P32267 (7)
1. Corporation Name
PLANTATION LYLE INC.

Principal Place of Business % WEISSBARTH ALTMAN & MICHAELSON 156 W. 56TH STREET NEW YORK NY 10019	Mailing Address % WEISSBARTH ALTMAN & MICHAELSON 156 W. 56TH STREET NEW YORK NY 10019
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FILED

98 JUL 24 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 % BLOOM HOCHBERG & CO., P.C. Suite, Apt. #, etc. 22 450 SEVENTH AVENUE City & State 23 NEW YORK, NEW YORK Zip 24 10123		2a. Mailing Address 25 % BLOOM HOCHBERG & CO., P.C. Suite, Apt. #, etc. 26 450 SEVENTH AVENUE City & State 27 NEW YORK, NEW YORK Zip 28 10123		3. Date Incorporated or Qualified 12/24/1990 4. FEI Number 13-3353978 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 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	
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8. 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 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELSON, ROBERT T.	1.2 NAME	
STREET ADDRESS	156 W. 56TH STREET	1.3 STREET ADDRESS	600002601516--0
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	-07/29/98--01055--018
TITLE	V	2.1 TITLE	***150.00 <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	TS AR 98
STREET ADDRESS	250 PARK AVE	4.3 STREET ADDRESS	two pages 7/28
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: _____ DATE: 6/22/98 212-351-4710