

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P32289 (1)

1. Corporation Name
FAIR PINE, INC.



Principal Place of Business: ATTN: STUART KOENIG, P.O. BOX 478, NEW YORK NY 10274-0478
Mailing Address: ATTN: STUART KOENIG, P.O. BOX 478, NEW YORK NY 10274-0478

3. Date Incorporated or Qualified: 12/27/1990
3a. Date of Last Report: 05/01/1995
4. FEI Number: 13-3594247
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.
22 City & State: 23
24 Zip: 25 Country:
2a. Mailing Address: 26 19th Floor; Real Estate Dept
27 Suite, Apt. #, etc.: 28 85 Broad St.
29 City & State: 30 New York, NY
29 Zip: 30 10004 Country: USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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 registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	HILL, MITCHELL C.	
STREET ADDRESS	85 BROAD STREET	
CITY- ST- ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MCHUGH, JAMES B.	
STREET ADDRESS	85 BROAD STREET	
CITY- ST- ZIP	NEW YORK NY	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WILLIAMS, TODD A	
STREET ADDRESS	85 BROAD STREET	
CITY- ST- ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VINIAR, DAVID A	
STREET ADDRESS	85 BROAD STREET	
CITY- ST- ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DECARO, ANGELO	
STREET ADDRESS	85 BROAD STREET	
CITY- ST- ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	STECHEER, ESTA E.	
STREET ADDRESS	85 BROAD STREET	
CITY- ST- ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hamamoto, David T	
1.3 STREET ADDRESS	85 Broad St	
1.4 CITY- ST- ZIP	New York, NY 10004	
2.1 TITLE	Director/President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Neidich, Daniel M	
2.3 STREET ADDRESS	85 Broad St	
2.4 CITY- ST- ZIP	New York, NY 10004	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kessler, Douglas A	
3.3 STREET ADDRESS	85 Broad St	
3.4 CITY- ST- ZIP	New York, NY 10004	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *James B. McHugh* James McHugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96
Date

CR2E034 (12/95)