

**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 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**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. 19th Floor; Real Estate Dept	13-3594247	Not Applicable
22. City & State	27. 85 Broad St.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. New York, NY	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. 10004	30. USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AS	<input type="checkbox"/> DELETE	1.1 TITLE	Director/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, MITCHELL C.		1.2 NAME	Hamamoto, David T	
STREET ADDRESS	85 BROAD STREET		1.3 STREET ADDRESS	85 Broad St	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	New York, NY 10004	
TITLE	AS	<input type="checkbox"/> DELETE	2.1 TITLE	Director/President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCHUGH, JAMES B.		2.2 NAME	Neidich, Daniel M	
STREET ADDRESS	85 BROAD STREET		2.3 STREET ADDRESS	85 Broad St	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	New York, NY 10004	
TITLE	VS	<input type="checkbox"/> DELETE	3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, TODD A		3.2 NAME	Kessler, Douglas A	
STREET ADDRESS	85 BROAD STREET		3.3 STREET ADDRESS	85 Broad St	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	New York, NY 10004	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINIAR, DAVID A		4.2 NAME		
STREET ADDRESS	85 BROAD STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECARO, ANGELO		5.2 NAME		
STREET ADDRESS	85 BROAD STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STECHEER, ESTA E.		6.2 NAME		
STREET ADDRESS	85 BROAD STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		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)