


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

FILED
Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P34018** (2)
1. Corporation Name
NORTH COAST TRANSACTORS, INC.

Principal Place of Business 599 LEXINGTON AVENUE, 40TH FLOOR NEW YORK NY 10022	Mailing Address 599 LEXINGTON AVENUE, 40TH FLOOR NEW YORK NY 10022-8065
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3. Date Incorporated or Qualified 06/05/1991	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 590 Madison Avenue Suite, Apt. #, etc. 22 32nd Floor City & State 23 New York, NY Zip 24 10022	2a. Mailing Address 26 c/o Jackson Hole Mgt. Co. Suite, Apt. #, etc. 27 590 Madison Avenue City & State 28 New York, NY Zip 29 10022	4. FEI Number 34-1630696 Applied For Not Applicable	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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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	VSD	1.1 TITLE	P/S/D
NAME	BERTOLDI, ROBERT J.	1.2 NAME	Bertoldi, Robert J.
STREET ADDRESS	599 LEXINGTON AVE	1.3 STREET ADDRESS	590 Madison Avenue
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	New York, NY 10022
TITLE	PD	2.1 TITLE	
NAME	BERTOLDI, ROBERT J	2.2 NAME	
STREET ADDRESS	599 LEXINGTON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	BERTOLDI, ROBERT J	3.2 NAME	
STREET ADDRESS	599 LEXINGTON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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]* REQUIRED: _____

CR2E034 (9/96)