SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(8)
/

FILED Aug 13 1997 8:00am Secretary of State

Principal Plac 80 ARKAY DRI HAUPPAUGE N	VE .	Mailing Address 80 ARKAY DRIVE HAUPPAUGE NY 11788				DO NOT WRITE 3. Date Incorporated or Qualified			
						10/08/1991	03/18/199	'	
	lace of Business	2a, Mailing Address				4. FEI Number Applied For			
21		26				11-3076807 Not Applicable			
Suite, Apt.	#, 91C.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 ' ' '	5 Additional Regulred	
City & State	θ	City & State			•	6. Election Campaign Financing		O May Be	
23		26				Trust Fund Contribution	☐ Adde	d to Fees	
Zip	Country	Zip	Count	ry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	25 29 30 9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
THE	PRENTICE-HALL CORPORATION								
1201 HAYS STREET			8	2 Street	Street Address (P.O. Box Number is Not Acceptable)				
	TE 105					, , , , , , , , , , , , , , , , , , , ,			
TAL	LAHASSEE FL 32301		8	3					
			8	4 City			FL 85 Zi	ip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named coror						tion submits this statement for the p		a its registered	
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 ager			gent signatur	e required w	hen reinstating)	DATE	000 111 40	
12.	OFFICERS AND	DELETE	13. ETE 1.1 TITL		1	ADDITIONS/CHANGES TO OFFIC	Change		
NAME	DIOLEGANI DALE		1.2 NAM				Onling-	, <u></u> ,,,,,,,,,,	
STREET ADDRESS	80 ARKAY DRIVE	1.3 STREET ADDRESS							
CITY-ST-ZIP	HAUPPAUGE NY 11788		1.4 CHY	-S1 - 7IP				}	
TITLE	8	DELETE 2.1					Change	e 🔲 Addition	
NAME	KAHEN, HAROLD I.		2.2 NAME					.	
STREET ADDRESS	230 Park ave., 20th Fl New York Ny		1	E1 ADDRESS					
CITY-ST-ZIP TITLE			2 4 CHY 3 1 THLE		VP.		Change	e 🔲 Addition	
NAME	D'AGOSTINO, ANTHONY-M.		3.2 NAM		Eric	Nowling	Z Critarian		
STREET ADDRESS	80 ARKAY DRIVE			ET ADDRESS	80 An	Nowling Kay Drive			
CITY-ST-ZIP	HAUPPAUGE NY 34.0		3.4. CITY	- ST - ZIP	Hauf	spange NY 11788			
TALE		☐ DELETE	4.1 TITLE			J	☐ Change	e 🔲 Addition	
NAME			4. 2 NAM					-	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY 5.1 TITLE		 		Change	e Addition	
NAME			5.2 NAM						
STREET ADDRESS				- Et address					
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				,	
TITLE :	* 1	☐ DELETE	6.1 ITTLE				Change	e Addition	
NAME			6.2 NAMI						
STREET ADDRESS				E1 ADDRESS					
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	1				

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.

7/31/9-