SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jul 17 1996 8:00 am
Secretary of State

DOCUMENT # **P38448** (7)

1. Corporation Name
OGDEN HOUSTON, INC.

Principal Place of Business	Mailing Address
814 SPRINGLAKE SQUARE **WINTER HAVEN FL 33881**	**344 MAIN STREET** **MOUNT KISCO NY 10549**

3. Date Incorporated or Qualified: **04/22/1992**
3a. Date of Last Report: **08/07/1995**
4. FEI Number: **650288921** ☐ Applied For ☐ Not Applicable
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	Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 **344 Main Street**
City & State 23	City & State 28 **Mount Kisco NY 10549**
Zip 24 / Country 25	Zip 29 **10549** / Country 30 **U.S.**

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM,INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32130

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

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 _____ DATE
Signature of new registered agent (and date) if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**SD** **SOUFER, DAVID W** **432 S. NEW HAMPSHIRE AVENUE** **LOS ANGELES CA 90020**	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition SD EPSTEIN STANLEY STEWARD-DAVIS INTERNATIONAL 10929 VANOWEN ST. NORTH HOLLYWOOD, CA 91605
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**PD** **COHEN, EDWARD** **344 MAIN ST.** **MT. KISCO NY 10549**	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition BUCKINGHAM MANAGEMENT, INC 344 MAIN ST. SUITE 403 MT. KISCO, NY 10549
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**VPD** **SOUFER, HOOSHANG** **432 S. NEW HAMPSHIRE AVENUE** **LOS ANGELES CA 90020**	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition SOUFER HOOSHANG 257 18th Street Santa Monica California 90402
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/12/96 914-666-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

018A921 FP