

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0112495

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

**FILED**

98 AUG 14 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P38448**

(7)

1. Corporation Name

**OGDEN HOUSTON, INC.**



Principal Place of Business

**814 SPRINGLAKE SQUARE  
WINTER HAVEN FL 33881**

Mailing Address

**C/O BUCKINGHAM MGMT INC  
344 MAIN STREET  
MOUNT KISCO NY 10549**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/22/1992**

4. FEI Number

**76-0288921**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**24**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

**29**

**30**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE  
NAME **EPSTEIN, STANLEY**  
STREET ADDRESS **10929 VANOWEN ST**  
CITY-ST-ZIP **NORTH HOLLYWOOD CA 91605**

TITLE **PO** ☐ DELETE  
NAME **COHEN, EDWARD**  
STREET ADDRESS **344 MAIN ST SUITE 403**  
CITY-ST-ZIP **MT. KISCO NY 10549**

TITLE **VPD** ☐ DELETE  
NAME **SOUFER, DAVID**  
STREET ADDRESS **237 18TH STREETSHIRE AVENUE**  
CITY-ST-ZIP **SABTA MONICA CA**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**000002619430--8**  
**-08/19/98--01003--005**  
**\*\*\*\*150.00 \*\*\*\*150.00**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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]*

8/14/98 914-666-7700

CR2E034 (5/98)

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**BUCKINGHAM**  
**MANAGEMENT, INC.**  
344 Main Street, Suite 403  
Mt. Kisco, New York 10549  
(914) 666-7700 Telephone (914) 666-7013 Fax

August 13, 1998

**UPS NEXT DAY AIR**

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Ogden Houston, Inc.  
FBI number: 76-0288921

Dear Sir:

Enclosed please find your filing fee of \$150 for the above corporation. Please be advised that we are very surprised that the enclosed document was not filed on a timely basis. This was forwarded to our management/accounting personnel and must have been sent out to you on time. Enclosed is a duplicate check and the new replacement forms.

If you have any questions, please call me at the above. If I am unavailable, please speak to my assistant, Christine Bueti. Thank you.

Sincerely,  
OGDEN HOUSTON, INC.  
Edward Cohen  
President

EC:cb  
enc