FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1996	7 .7	etary of State F CORPORATIONS			
DOCU 1. Corporate	IMENT # P398	21 (4)				
1	FLORIDA FOUR, INC.	` '		ł		
	LOHIOA TOUR, MC.			1 100 1100 1110 1110 1110	NATIONAL AND ADDRESS OF THE PARTY OF THE PAR	
)	
Principal Plac	e of Business	Mailing Address		L TREKINDE TOD LIVIU EDLOS TRATA	undar eldi midil didil bidir didil bidil bidil 1881	
% C T CORPORATION SYSTEM 1209 ORANGE STREET WILMINGTON DE 19801		730 THIRD AVE.(22/485) NEW YORK NY 10017-206 US				
2. Principal P	face of Business	20.14-7		3. Date Incorporated or Qualified 07/28/1992	3s. Date of Last Report 04/24/1995	
21	IDEC OF DUSINESS	2a. Mailing Address 26		4. FEI Number	Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		13-3674782	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ 24	Country 25	Zip	Country	8. This corporation has liability for		
	9. Name and Address of Current	29 Registered Agent	[30]	Florida Statutes	₩ No	
			81 Nam	10. Name and Address of New F	legistered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			PO Ctros	82 Street Address (P.O. Box Number is Not Acceptable) 83		
			62 Stree			
			83			
			84 City			
11. Pursuant t	to the provisions of Sections 607 0503	20d C07 1500 EL . L Q			FL 85 Zip Code	
or register familiar wi	ed agent, or both, in the State of Florida th, and accept the obligations of, Section	a Such change was authorize	is, the above-named ad by the corporation	corporation submits this statement for the pur s board of directors. I hereby accept the appo	pose of changing its registered office	
SIGNATURE	in, and accept the obligations of, Section	ori 607.0505, Florida Statutes.			as registered agent. Fam	
	Signature, typed or printed name of registered agent ar		E: Registered Agent signature	required when reinstating	DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
NAME	LEE, J. DANIEL, JR.	X DELETE	1. 1 TITLE	VD	Change X Addition	
STHEET ADDRESS	730 THIRD AVENUE		1.2 NAME	Peter C. Clapman	8	
CHY-ST-ZIP	NEW YORK NY		1.3 STREET ADDRESS	1750 HILLA WELLE	الْيَا	
TITLE	VD	☐ DELETE	1.4 CITY-ST-ZIP 2 1 TITLE	New York, NY 10017	57.65	
NAME	SOMERS, JOHN A.		2 2 NAME	PD	Change Addition O	
STREET ADDRESS	730 THIRD AVENUE		2 3 STREET ADDRESS	i	Ì	
CHY-ST-ZIP TITLE	NEW YORK NY		2 4 CITY - ST - ZIP			
NAME	d Bullett, David B.	☐ DELETE	3. 1 TITLE		Change Addition	
STREET ADDRESS	730 THIRD AVENUE		3 2 NAME			
CITY-ST-ZIP	NEW YORK NY		3.3 STREET ADDRESS			
TITLE	DT	DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE		Change Addition	
NAME	ADAMSKI, RICHARD J.		4 2 NAME		Change Addition	
STREET ADDRESS	730 THIRD AVENUE		4.3 STREET ADDRESS			
CHY-SI-ZIP TITLE	NEW YORK NY		4.4 CITY-ST-ZIP			
NAME	s Serlen, Mark L.	☐ DELETE	5. 1 TITLE		Change Addition	
STREET ADDRESS	730 THIRD AVENUE		5 2 NAME			
CITY-ST-ZIP	NEW YORK NY		5 3 STREET ADDRESS			
TITLE	AS	☐ DELETE	54 CITY-ST-ZIP 6 1 TITLE	10	Change Fit Address	
NAME	MASTERS, MARY ANN E	<u> </u>	62 NAME	AS Gerard Doborty	∴ Change 🔀 Addition	
STREET ADDRESS	730 THIRD AVE		6.3 STREET ADDRESS	Gerard Doherty 730 Third Avenue		
CITY-ST-ZIP	NEW YORK NY		CACITY CT 310	New York, New York 10017		
I do nereby	certify that the information supplied with	this filing is voluntarily furnish	ed and does not our	lift for the exemption state of in One in the or		

certify that the information indicated on this annual report or supplemental annual reports true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if charged or on an attactment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

212-916-4621

Daytime Phone if