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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P41090

(2)

Mailing Address

RGG, INC. OF NEW YORK

FILED
Feb 06 1997 8:00am
Secretary of State



27 WILLIAM ST. NEW YORK NY 10005		27 WILLIAM ST. NEW YORK NY 10005-2808						
					3. Date incorporated or Qualified 10/21/1992	3a. Dat 03/	e of Last R 07/1996	eport
2. Principal Plac	e of Business	28. Mailing Address		4. FEI Number 13-3487073		AF	plied For	
21		26		· · · · · · · · · · · · · · · · · · ·	13-348/0/3			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State 23		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Zip 29	Counti					
1/18/7	9. Name and Address of Currer	nt Registered Agent		т	10. Name and Address of New Re	gistered A	gent	
	S, STANLEY		8	Name				
	NE 191TH ST. H MIAMI BEACH FL 33180				dress (P.O. Box Number is Not Acceptate	ole)		
			8	3				
		•	8	4 City		FL	<b>85</b> Zip (	Code
agent. Lam SIGNATURE	familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statut	es	ation's board of directors. I hereby acce	DATE	THE TRUE AS	registered
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 12
111111 1	PV Gutenstein, Robert G.	☐ DELETE	1.1 TITLE				☐ Change	Addition
(II/A)II	27 WILLIAM ST.		1.2 NAM	•				
STREET AJURGOS	NEW YORK NY 10005			et address				
CITY-SI-ZIP TITLE	70	DELETE	1.4 CiTY - 2.1 TITLE				Change	☐ Addition
NAME	GUTENSTEIN, ROBERT G.		2.1 IIILE 2.2 NAM			'	Uibilgo	Addition
CIDGET ADDRESS	27 WILLIAM ST.			ET ADDRESS	<b>₩</b> g!			
CITY-ST-ZIP I	NEW YORK NY 10005		2. 4 CITY					
TITLE	\$ 600007511.0 111.01/.0	DELETE	3.1 TITLE				Change	☐ Addition
	CRISCITELLO, MARK S		3.2 NAMI	E				
	27 WILLIAM STREET NEW YORK NY 10005		3.3 STRE	ET ADDRESS				
UIT-ST-ZII'	NEW TORK III 1000			- ST - ZIP			Ch	4.4.74*
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NAME STREET ADDRESS			4. 2 NAM	ET ADDRESS				
CITY-ST-ZIP								
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NAME		<u> </u>	5.2 NAM				- · •	
STREET ADDRESS				ET ADDRESS				
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NAME			62 NAM	E				
STREET ADDRESS			63 STAE	ET ADDRESS				
C17V C7 710			C 4 DITY	er. 710				

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

MATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97

212-804-0212

Phone #