

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90106 024 ***150.00

DOCUMENT # P92000007318

1. Corporation Name
DEERFIELD ASSOCIATES CORP.



Principal Place of Business Mailing Address
333 JERICHO TURNPIKE 33 South Service Road 333 JERICHO TURNPIKE 33 South Service Road
JERICHO NY 11753-1006 JERICHO NY 11753-1006

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	11/24/1992	11-3183079	Not Applicable
City & State	City & State	5. Certificate of Status Desired	6. Election Campaign Financing	\$8.75 Additional Fee Required
Zip	Zip	<input type="checkbox"/>	Trust Fund Contribution	\$5.00 May Be Added to Fees
Country	Country	8. This corporation owes the current year Intangible	Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	29			

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, ROBERT A	1.2 NAME	
STREET ADDRESS	333 JERICHO TURNPIKE 33 South Service Road	1.3 STREET ADDRESS	
CITY-ST-ZIP	JERICHO NY 11753 -1006	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, FLORENCE	2.2 NAME	
STREET ADDRESS	333 JERICHO TURNPIKE 33 South Service Road	2.3 STREET ADDRESS	
CITY-ST-ZIP	JERICHO NY 11753 -1006	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, DAVID S	3.2 NAME	
STREET ADDRESS	333 JERICHO TURNPIKE 33 South Service Road	3.3 STREET ADDRESS	
CITY-ST-ZIP	JERICHO NY 11753 -1006	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)