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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9300001270 (6)

Mailing Address

DEERING LA, INC.

Principal Place of Business

SIGNATURE:

% THOMAS M. 867 MADISON I NEW YORK NY US	AVENUE, 8TH FLR	% THOMAS M. STEINBEI 887 MADISON AVENUE. NEW YORK NY 10021-800 US	8th Flr	Date Incorporated or Qualified 01/08/1993	3a. Date of Last Report 10/02/1996
	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
11		26		58-2031652	Not Applicable
Suite Apt i		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zφ	Country	8. This corporation has liability for	
4	25 9. Name and Address of Curre	29	30	Florida Statutes 10. Name and Address of New R	Yes V No
CDA	GG, K L	int negistered Agent	81 Name	10. Name and Address of New H	Misteran Walii
200 4900	s. Biscayne BLVD. First Union Financial CT (I FL 33122	R.	82 Street Ad 83 84 City	idress (P.O. Box Number is Not Accepta	BE 7in Code
			84 City		FL 85 Zip Code
agent. Lar SIGNATURE :	gistered agent, or both, in the Stat of familiar with, and accept the obli- square, hypoter producers of registered a	gations of, Section 607 0505, F	authorized by the corpor forida Statutes. TE: Registered Agent signature rec		DATE
2.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
ITLE IAME STREET ADDRESS OTY-ST-719	DPST TISCH, LAURENCE A 667 MADISON AVE., 8TH FL NEW YORK NY 10021	☐ DELETE	1 1 THLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CYTY-ST-ZIP		[_] Change _] Addition
ITLE	V	DELETE	2.1 NTLE		Change Addition
AME	STEINBERG, THOMAS M		2.2 NAME		
TREET ADDRESS	667 MADISON AVENUE, 8TH	FLOOR	2.3 STREET ADDRESS		
ITY-ST-ZIP	NEW YORK NY 10021		2. 4 CITY - ST - ZIP		
ITLE		DELETE	3.1 TITLE		Change Additio
AME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
11 Y - ST - 21F			3 4. CITY-ST-ZIP		
ILE .		DELETE	4,1 TITLE		Change Additio
IAME			4. 2 NAME		
TREET ADDRESS			4.3 STREET ADDRESS		
ITY-ST-ZIP		T DOLER?	4.4 CITY-ST-ZIP		Channe
TLE		L DELETE	5.1 TITLE		Change Additio
AME			5.2 NAME		
TREET ADDRESS			5.3 STREET ADDRESS		
HTLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Additio
AME			6.2 NAME		Er Change Er Kodito
			6.3 STREET ADDRESS		
TREET ADDRESS					
HY-ST-ZIP	ov cortify that the information europ	ed with this films does not out	dify for the exemption state	ted in Section 119.07(3)(i), Florida Statut	es. I further certify that the
informatio Lam an ol	n indicated on this annual report of	r supplemental annual report is or the receiver or trustee empo	true and accurate and the wered to execute this rep	red in Section 119.07(j)), Florida Station hat my signature shall have the same leg- port as required by Chapter 607, Florida	al effect as if made under oath