SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300001317

DEERING PR. INC.

| Principal Place of Business | For icable nal |
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| 667 MADISON AVENUE 8TH FLR NEW YORK NY 10021 US 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Do NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/08/1993 4. FEI Number 58-2031309 5. Certifficate of Status Desired 58-2031309 5. Certifficate of Status Desired Fee Required Fee Requ | nal le |
| 2. Principal Place of Business | nal le |
| 21 28 58-2031309 Not App Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country Zip Country 25 29 30 Trust Fund Contribution S. Certificate of Status Desired Fee Required Trust Fund Contribution Added to Fee No. P. Name and Address of Current Registered Agent GRAGG, K L 4900 FIRST UNION FINANCIAL CENTER | nal le |
| Suite, Apt. #, etc. 22 City & State City & State City & State Zip Country B. This corporation owes the current year Intangible Personal Property. Yes No 9. Name and Address of Current Registered Agent GRAGG, K L 4900 FIRST UNION FINANCIAL CENTER Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additic Fee Required \$5.00 May Country 8. This corporation owes the current year Intangible Personal Property. Yes No No Street Address of New Registered Agent | nal i |
| Fee Required City & State City & State City & State Zip Country Signature | 3e |
| City & State City & State 23 City & State 28 Country Zip Country Zip Country Zip Country 29 Country 30 Country Registered Agent CRAGG, K L 4900 FIRST UNION FINANCIAL CENTER City & State 6. Election Campaign Financing Trust Fund Contribution Rediction Campaign Financing Trust Fund Contribution Tru | |
| Trust Fund Contribution Added to Fee Zip Country Zip Country 8. This corporation owes the current year 25 29 30 Intangible Personal Property. Yes No 9. Name and Address of Current Registered Agent GRAGG, K L 4900 FIRST UNION FINANCIAL CENTER 28 Trust Fund Contribution Added to Fee 8. This corporation owes the current year Intangible Personal Property. Yes No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 24 25 29 30 Intangible Personal Property. Yes No 9. Name and Address of Current Registered Agent GRAGG, K L 4900 FIRST UNION FINANCIAL CENTER 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRAGG, K L 4900 FIRST UNION FINANCIAL CENTER 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 9. Name and Address of Current Registered Agent 6. Name and Address of New Registered Agent 8. Name 8. Name 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) | ì |
| GRAGG, K L 4900 FIRST UNION FINANCIAL CENTER 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 4900 FIRST UNION FINANCIAL CENTER 82 Street Address (P.O. Box Number is Not Acceptable) | ŀ |
| 4900 FIRST UNION FINANCIAL CENTER | |
| | |
| 200 S. BISCAYNE BLVD. | |
| MIAMI FL 33122 84 City 85 Zip Code | |
| FL 85 Zip Code | Ì |
| 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 | d - |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | 12 8 |
| | ddition 480 HCSC |
| NAME TISCH, PRESTON R 1.2 NAME | 2 |
| STREET ADDRESS 667 MADISON AVENUE, 8TH FLOOR 13 STREET ADDRESS |] [i |
| CITY-ST-ZIP NEW YORK NY 10021 1.4 CITY-ST-ZIP | 6 |
| | ddition C |
| NAME STEINBERG, THOMAS M 22 NAME | adison |
| STREET ADDRESS 667 MADISON AVENUE, 8TH FLOOR 2.3 STREET ADDRESS | ; |
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SIGNATURE:

NAME

STREET ADDRESS

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. REQUIHOMAS M. STEINBERG

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

FILED Aug 16, 1999 8:00 am Secretary of State

08-16-1999 90003 050 ***550.00