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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000012358 (6)

QUIMBY LANE FARM CORP.

Principa: Place of Business Mailing Address C/O MENDOZA. CALLAS & SCHILLING 251 ROYAL PALM WAY 251 ROYAL PALM WAY. #602 SIXTH FLOOR PALM BCH FL 33480-4376 PALM BEACH FL 33480 3. Date Incorporated or Qualified 30. Date of Last Report 01/27/1993 02/19/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0385964 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zφ Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DE MENDOZA, MARIO G III 251 ROYAL PALM WAY 82 Street Address (P.O. Box Number is Not Acceptable) SIXTH FLOOR 83 PALM BEACH FL 33480 City Zip Code 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 pented harne of registered agent and title if apphicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Change Addition TITLE DELETE 11 TITLE NAME DE MENDOZA, MARIO G III 1,2 NAME 251 ROYAL PALM WAY 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE TARNOPOL, MICHAEL L 22 NAME 251 ROYAL PALM WAY 23 STREET ADDRESS STREET ADDRESS PALM BEACH FL 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition 31 TITLE Change TITLE TARNOPOL, MICHAEL L 3.2 NAME NAME 251 ROYAL PALM WAY 3.3 STREET ADDRESS STREET ADDRESS PALM BEACH FL 3.4. CITY-ST-ZIP CITY - ST- ZIP DELETE Change __ Addition 41 TITLE TITLE WILKINSON, DEBRA 4. 2 NAME 251 ROYAL PALM WAY 4.3 STREET ADDRESS STREET ADDRESS PALM BEACH FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition Change DELETE 6.1 TITLE TOTE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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 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

STREET ADDRESS

Michael Tarnopol SIGNATURE: X SIGNATURE AND TYPES OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

212/272-3765

Daytime Phone #

FILED

Feb 19 1997 8:00am

Secretary of State