

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morihani
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000035189 (8)

1. Corporation Name
ALHAMBRA CIRCLE, INC.



Principal Place of Business: **80 SW 8 ST SUITE 2803 MIAMI FL 33130**
Mailing Address: **80 SW 8 ST SUITE 2803 MIAMI FL 33130**

3. Date Incorporated or Qualified: **05/13/1993** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **11-3160930** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**MCCAUGHAN, WILLIAM P
80 SW 8 ST
SUITE 2803
MIAMI FL 33130**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D	CASSIN, RICHARD EAB PLZ E TOWER 13 FL UNIONDALE NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	FREEL, JAMES T EAB PLZ E TOWER 13 FL UNIONDALE NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	MASCIS, MURRAY F EAB PLZ E TOWER 13 FL UNIONDALE NY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS	MUELLER, ANDREA J EAB PLZ E TOWER 15 FL UNIONDALE NY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P	POZZI, ANTHONY A EAB PLZ E TOWER 13 FL UNIONDALE NY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	LOMONACO, JOSEPH M EAB PLZ E TOWER 13 FL UNIONDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1. TITLE: _____	2. NAME: _____	3. STREET ADDRESS: _____	4. CITY - ST - ZIP: _____
5. TITLE: _____	6. NAME: _____	7. STREET ADDRESS: _____	8. CITY - ST - ZIP: _____
9. TITLE: _____	10. NAME: _____	11. STREET ADDRESS: _____	12. CITY - ST - ZIP: _____
13. TITLE: _____	14. NAME: _____	15. STREET ADDRESS: _____	16. CITY - ST - ZIP: _____
17. TITLE: _____	18. NAME: _____	19. STREET ADDRESS: _____	20. CITY - ST - ZIP: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 omitted in attachment with an address

SIGNATURE: *Gregory D. Liegey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gregory D. Liegey, President

4/22/96 (516) 745-2884

CR2E034 (12/95)

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ALHAMBRA CIRCLE, INC.

1996 CORPORATION ANNUAL REPORT

Item 12:

NAME ROSEANN WIENCKO
TITLE V
STREET ADDRESS EAB PLAZA-EAST TOWER, 13th FLOOR
CITY-ST-ZIP UNIONDALE, NY 11556-0123

NAME DANIEL P. GRIPPO
TITLE S
STREET ADDRESS EAB PLAZA-EAST TOWER, 15th FLOOR
CITY-ST-ZIP UNIONDALE, NY 11556-0125

NAME ROBERT S. MONHEIT
TITLE AS
STREET ADDRESS EAB PLAZA-EAST TOWER, 15th FLOOR
CITY-ST-ZIP UNIONDALE, NY 11556-0125

NAME SUSAN N. REESE
TITLE AS
STREET ADDRESS EAB PLAZA-EAST TOWER, 15th FLOOR
CITY-ST-ZIP UNIONDALE, NY 11556-0125

NAME THOMAS W. ALEXANDERSON
TITLE T
STREET ADDRESS EAB PLAZA-EAST TOWER, 13th FLOOR
CITY-ST-ZIP UNIONDALE, NY 11556-0123

AS = Assistant Secretary
S = Secretary
T = Treasurer
V = Vice President