

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
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90046 042 ***150.00

DOCUMENT # P93000035189

1. Corporation Name

555 BILTMORE, 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1993

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 owes the current year Intangible
Personal Property Tax.

Yes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCAUGHAN, WILLIAM P
80 SW 8 ST
SUITE 2803
MIAMI FL 33130

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 607.1508, 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 ☐ DELETE

NAME CASSIN, RICHARD
STREET ADDRESS EAB PLZ E TOWER 13 FL
CITY-ST-ZIP UNIONDALE NY

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1120 Avenue of the Americas
1.4 CITY-ST-ZIP New York, NY 10036

TITLE D ☐ DELETE

NAME FREEL, JAMES T
STREET ADDRESS EAB PLZ E TOWER 13 FL
CITY-ST-ZIP UNIONDALE NY

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME NEUNER, WILLIAM M
STREET ADDRESS EAB PLZ E TOWER 13 FL
CITY-ST-ZIP UNIONDALE NY

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE AS ☐ DELETE

NAME FLOOD, LINDA
STREET ADDRESS EAB PLZ E TOWER 15 FL
CITY-ST-ZIP UNIONDALE NY

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS EAB PLAZA, E. Tower, 10th Floor
4.4 CITY-ST-ZIP UNIONDALE, NY 11556-0128

TITLE P ☐ DELETE

NAME LIEGEY, GREGORY D
STREET ADDRESS EAB PLZ E TOWER 13 FL
CITY-ST-ZIP UNIONDALE NY

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME LOMONACO, JOSEPH M
STREET ADDRESS EAB PLZ E TOWER 13 FL
CITY-ST-ZIP UNIONDALE FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory D. Liegey

Date

2/23/99 (516)745-2918

Daytime Phone #

CR2E034 (11/98)