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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90046 042 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

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**

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  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

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 607.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIN, RICHARD	1.2 NAME	
STREET ADDRESS	EAB PLZ E TOWER 13 FL	1.3 STREET ADDRESS	1120 Avenue of the Americas
CITY-ST-ZIP	UNIONDALE NY	1.4 CITY-ST-ZIP	New York, NY 10036
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEL, JAMES T	2.2 NAME	
STREET ADDRESS	EAB PLZ E TOWER 13 FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONDALE NY	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUNER, WILLIAM M	3.2 NAME	
STREET ADDRESS	EAB PLZ E TOWER 13 FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONDALE NY	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOOD, LINDA	4.2 NAME	
STREET ADDRESS	EAB PLZ E TOWER 15 FL	4.3 STREET ADDRESS	EAB PLAZA, E. Tower, 10th Floor
CITY-ST-ZIP	UNIONDALE NY	4.4 CITY-ST-ZIP	UNIONDALE, NY 11556-0128
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEGEY, GREGORY D	5.2 NAME	
STREET ADDRESS	EAB PLZ E TOWER 13 FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONDALE NY	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMONACO, JOSEPH M	6.2 NAME	
STREET ADDRESS	EAB PLZ E TOWER 13 FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONDALE FL	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 Gregory D. Liegey **Gregory D. Liegey** 2/23/99 (516)745-2918  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)