

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
1700 MONROE DRIVE, TALLAHASSEE, FL 32301

05 MAY - 1 AM 3:17

DOCUMENT # P93000036163 (2)

1. Corporation Name:

HOWARD ACQUIRING CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address:
777 S FLAGLER DR
S-310(EAST)
PALM BEACH FL 33401

Mailing Address:
38 EAST 63RD ST.
NEW YORK NY 10021

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Creation: 05/19/1993
3a. Date of Last Report: 05/01/1994

4. FFI Number: 13-3757169
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 Office of Corporation: 2a. Mailing Address:

21. Suite Apt # etc: 26. Suite Apt # etc:

22. City & State: 27. City & State:

23. Zip: 28. Zip: 29. Country:

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREGMAN, HOWARD
777 S FLAGLER DR, S-310 (EAST)
W PALM BCH. FL 33401

81. Name: The Prentice-Hall Corporation System, Inc.
82. Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street - Suite 105
83. City: Tallahassee FL 85. Zip Code: 32301

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE:

Vilki Schreider, VILKI SCHREIDER, Asst. Vice President

4/11/95

(Signature of Agent, if Agent is not the registered agent, the signature of the corporation is required.)

(Signature of Agent, if Agent is not the registered agent, the signature of the corporation is required.)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: D
2. NAME: GITTIS, HOWARD
3. STREET ADDRESS: 35 EAST 62ND ST
4. CITY, ST, ZIP: NEW YORK NY 10022
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:

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

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 119.07(2)(b) Florida Statutes. Further, I certify that the information is true and correct as of the date of filing 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 of this chapter, or on an attachment with an address.

SIGNATURE:

Howard Gittis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR