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PROFIT CORPORATION ANNUAL REPORT



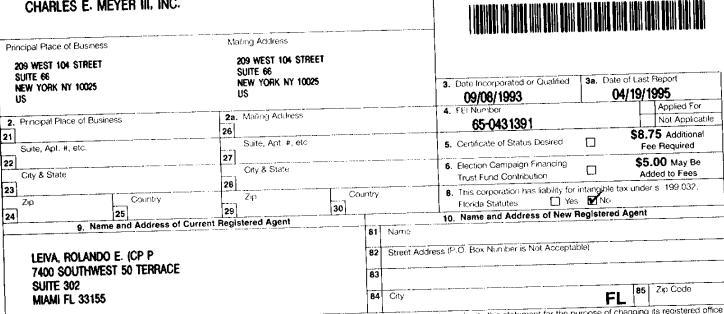
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #	P93000062704	(0)
Corporation Name	1000000=:-:	(-)

CHARLES E. MEYER III, INC.



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. (NOTE: Registered Ages Ls.) not required when remotating Signature typed or proted name of region and as a small college date. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition 12. []] DELEIE 1 1 T-fle TITLE 1.2 NAME MEYER, CHARLES E III NAME 1.3 STREET ADDRESS 209 WEST 104 STREET, SUITE 66 STREET ADDRESS 1.4 CITY - ST - ZIP ☐ Addition **NEW YORK NY** Change CITY - ST - ZIP DELFTE 2.1 TILLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 C-1Y - ST - ZIP Addition Change CITY - ST - ZIF DELETE 3 1 1/1/16 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CiTY - ST-ZIP Addition Change CITY-S1-ZIP 4 1 THE DELFTE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTV - ST - ZIF ☐ Addition Change CITY-ST-ZIP DELFTE 5 1 THEF TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C:1Y-S1, Zif: Add.tion Criange CITY-ST-ZIP DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Ido hereby certify that the information supplied with this fiting 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 arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that 1 am an officer or director of the comparison 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 an appears in a state of the comparison of 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 an appears in Block 12 or Block 13 if an appears in Block 12 or Block 13 if an appear is a state of the comparison of the comparison of 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 an appear is a state of the comparison of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: X

Charles E. Meyer III, 3/9/96 212-3161262

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