FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400008230 (2)

Principal Place	e of Business LIAN AVE. . SUITE 1003	ON Mailing Address 250 AUSTRALIAN AVE. 10TH FLOOR, SUITE 10						111 13 11 18 1 1
WEST PALM	BEACH FL 33401	WEST PALM BEACH FL	33401			DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 02/02/1994	SPACE	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ar	plied For
21		26				11-3194728	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	.	Additional equired	
City & State		Cily & State			Election Campaign Financing Trust Fund Contribution	\$5.00 bebbA	May Be to Fees	
Zip	Country	Zip	Coun	try		8. This corporation owes or has paid the our	rent year int	angible
24	25	29	30] No
	9. Name and Address of Current	Registered Agent		э. т		10. Name and Address of New Registered	Agent	
	HLESINGER, RICHARD		*	B1	Name			
250 AUSTRALIAN AVE. 10TH FLOOR, SUITE 1003			Ī	32	Street Addr	ess (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33401			Ī	33				
			[e	94	City	FI	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 Signalure, typed or prefited name of registered agent and title if applicable. (NOT): Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.	_		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D Schlesinger, Jason R	DELETE	1.1 TITL		}		Change	Addition
NAME	83 MORGAN STREET		1.2 NAM					
STREET ADDRESS	STAMFORD CT 06905				ADDRESS			
CITY-ST-ZIP TITLE	D	DELETE	1.4 C(TY 2.1 TITU	_	- ZIP		Change	Addition
NAME	CAFARELLA, EDWARD		2.2 NAM		}			
STREET ADDRESS	330 MADISON AVENUE				ADORESS			
CITY-ST-ZIP	NEW YORK NY 10017		2. 4 CIT		1			
TITLE	D DELETE			3.1 TITLE			Change	☐ Addition
NAME	SCHLESINGER , LESLIE		3.2 NAM	1E				
STREET ADDRESS	801 S. COUNTY RD.		3.3 STA	EET A	address			
CITY-ST-ZIP	PALM BEACH FL 33480		3.4. City	3.4. City-St-ZIP				
TITLE		☐ DELETE	4.1 TITU	E			L Change	Addition
NAME			4. 2 NAN	ΝE				
STREET ADDRESS			1		NDDRESS			ļ
CITY-ST-ZIP		Delette	4.4 CITY		- ZIP		Chapma	Addition
TITLE		☐ DELETE	5.1 TITU		ļ		☐ Change	L Addition
NAME CIRCUI ADDOCCO			5.2 NAM		innaree			
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE		· LIF		Change	Addition
11444		had provide	CONIN		j			ا ۱۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰

14. I hereby certify that the information supplied with this filling 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 integration of the receiver of the corporation of the receiver of the corporation or the receiver of the corporation of the receiver of the corporation or the receiver of the corporation of the receiver of the

6.3 STREET ADDRESS

SIGNATURE: Y

STREET ADDRESS

CR2E034 (10/97)

FILED

Apr 16 1998 8:00am

Secretary of State