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

	1999	W DIVISION OF CC	RECKATIONS	on p	E2 22 01 2: 10
DOCUMENT # P94000046862 1. Corporation Name				5.70	er 18 19 <mark>2: 10</mark> Same
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Principal Place of Business Mailing Address				1 10011001 110 10111 81011 90111 88111 80111	#
		421 WEST 54TH ST			
NY NY 10019 US		NY NY 10019 US		DO NOT WRITE IN THE	S SPACE
03		03		3. Date Incorporated or Qualifed	3 01 Mac
				06/22/1994	ĺ
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0616644	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc		5. Certificate of Status Desired []	\$8.75 Additional
22		[27]			Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	Z (p	Country	This corporation owes the current year Ir	
24	[25]	29 3	1	Personal Property Tax.	Li Yes [No
	9. Name and Address of Cur.		i 1 .	10. Name and Address of New Registered	Agent
DI O	DIO OBEOORY I		81 Name		
BLODIG, GREGORY J				ddress (P.O. Box Number is Not Acceptable)	
GREENSPOON,MARDER,HIRSCHFELD & RAFKIN,P.A. 100 WEST CYPRESS CREEK RD.,SUITE 700					
	AUDERDALE FL 33309	JOHE 700	83		ł
,,,	AUDENDALE IE 00003		84 City	·	85 Zip Code
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office or r	egistered agent, or both, in the Sta	ite of Ftorida. Such change was auth	horized by the corpor	orporation submits this statement for the purpose o ation's tioard of directors. I hereby accept the appo	intment as registered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, Florid	la Statutes		
SIGNATURE	Signature, typed or printed name of registered.	agont and title it anchrable (NOTE Re	egistered Agent signature re-	predixt entendate qui DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DST	EJ DELETE	1 1 1 ITUE		[Change [Addition
NAME	GERMANO, EDWARD		1,2 NAME		
STREET ADDRESS	421 WEST 54TH STREET		13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		14 CITY-ST-ZIP		
TITLE	DST	[] DELETE	2 1 TI*LF	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	[]Change []Addition
NAME	GERMANO, JANICE		2.2 NAME	2000027 8 8 -02/26/99-1	01088=-020
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CITY-ST-ZIP	1		64 CITY-\$1-2iP		L/

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 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 changed, dragan attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayta e Phone #