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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Morthorn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000049858 (1)

ARK ISLAMORADA CORP.

Principal Office (Mailing Address) Mailing Address
158 W. 29TH ST. 158 W. 29TH ST.
NEW YORK NY 10001 NEW YORK NY 10001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1994 3a. Date of Last Report

21. Principal Office (Mailing Address): 96 MARGARA ST	26. Mailing Address: 85 FIFTH AVE, 14TH FL	4. FEL Number: 65-0502813	Applied For: Not Applicable
22. City, State, Zip: ISLAMORADA, FL 33036	27. City & State: C/O ARK RES ID ADVANTS NEW YORK NY	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. County: ISLAMORADA, FL	28. City & State: NEW YORK NY	6. Election Campaign Financing Trust Fund Contributor: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip: 33036	29. Zip: 10003	30. Country: FL	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. City	

11. Pursuant to the provisions of Sections 607.032 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.

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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MICHAEL WEINSTEIN PRESIDENT 85 FIFTH AVE NEW YORK NY 10003	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP
ROBERT TOWERS VICE PRESIDENT 85 FIFTH AVE NEW YORK NY 10003	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP
SECKIMAY ANDREW KUMIC 85 FIFTH AVE NEW YORK NY 10003	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP
	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP
	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP
	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

14. I, the undersigned, being the authorized signatory of the above named corporation, hereby certify that the information furnished herein is true and correct and that my signature shall have the same legal effect as if made under oath. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes, and that my name and address are as shown on this report as required by Chapter 607, Florida Statutes, and that my name and address are as shown on this report as required by Chapter 607, Florida Statutes.

SIGNATURE: ANDREW KUMIC 2/6/95 212-246-1900