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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

_	on Name		000017672	(0)			
SHE	ENANDOA	AH MGP CORP.			1 100/0640 (160 10/2) Band Band	1 <b>86</b> 122 <b>88</b> 211 88181 23831 28828 81031 38818	<b>.</b> (2011)
Principal Plac	e of Business		Mailing Address				
		N(WEISSBARTH ALTMA		aelsonweissbarth altman	FT ALL		
	56TH ST., 12T PRK NY 10019		156 W. 56TH S NEW YORK NY	ST., 12TH FLOOR			
			ACT TOTAL AT	10013	3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal P	lace of Busin	less	2a. Mailing Address		03/03/1995 4. FEI Number		· · · · ·
1			26		13-3840326	<del></del>	Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc	).	5. Certificate of Status Desired	\$8.75 Additio	
City & Stat	te		City & State			Fee Required	
3			28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May E Added to Fee	
Zip Π		Country	Zip	Country	8. This corporation has liability for		
4	9. Name	25 and Address of Cur	29 rent Registered Agent	[30]	Florida Statutes 🔼 Ye	is [∏No	
			Tom Hogistered Agent	81 Name	10. Name and Address of New	Registered Agent	
AXEL	ROD, ALAN	۱D					
2500 FIRST UNION FINANCIAL CEN			nter	82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
MIAM	II FL 33131			83			
				<b>84</b> City		85 Zip Code	<u> </u>
11. Pursuant	to the provisi	one of Sections 607 OF	02 and 807 \$500 Fts (4- 0)				
Or receipt	red agent, or	both, in the State of FI	orida. Such change was suth	atutes, the above named corpo	ration submits this statement for the pu	urpose of changing its registered	d office
or register		حصاء المساهدات المطاهدة	orida. Coori oridi ige was attit	ionzeu by the corporation s boa	ard of directors. I hereby accept the apr	nointment as registered egent 1.	
familiar wi	ith, and accep	pt the obligations of, Se	ection 607.0505, Florida Stati	utes.	tration submits this statement for the puard of directors. I hereby accept the app	pointment as registered agent. I	aill
familiar wi		of the obligations of, Se or printed name of registered ag	ection 607.0505, Florida Stati	utes.	ard or orectors, i hereby accept the app	oointrient as registered agent. I	
familiar wi SIGNATURE _		or printed name of registered ag	ection 607.0505, Florida Stati gent and title II applicable IND DIRECTORS	(NOTE: Registered Agent signature requirements)  13.	and or orrectors. Thereby accept the app	Dointment as registered agent. I DATE FICERS AND DIRECTORS IN 12	
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oath, that I am an officer or director of the corporation or the receiver or trustre empowered to execute this report as required by Chap appears in Block 12 or Block 13 if changed or on an attachment with an activess.

SIGNATURE:

2/2-265-7500 Daytine Phone I CR2E034 (12/9