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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000070151 (2)**

1. Corporation Name
EAST END INVESTMENTS, INC.



Principal Place of Business 1520 SOUTH OCEAN BLVD. PALM BEACH FL 33480	Mailing Address 1520 SOUTH OCEAN BLVD. PALM BEACH FL 33480-5102
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3. Date Incorporated or Qualified 09/12/1995	3a. Date of Last Report 02/19/1996
4. FEI Number 65-0623257	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. City & State	30. Country

9. Name and Address of Current Registered Agent
**ADLER, FREDERICK R.
1520 SOUTH OCEAN BLVD
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD ADLER, FREDERICK R.
STREET ADDRESS	1520 SOUTH OCEAN BLVD
CITY - ST - ZIP	PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	V CHAPMAN, PHILIP R
STREET ADDRESS	100 FIRST STANFORD PLACE
CITY - ST - ZIP	STANFORD CT 06902
TITLE	<input type="checkbox"/> DELETE
NAME	V NICKSE, JAY S
STREET ADDRESS	100 FIRST STANFORD PLACE
CITY - ST - ZIP	STANFORD CT 06902
TITLE	<input type="checkbox"/> DELETE
NAME	S NUSSBAUM, SHELDON
STREET ADDRESS	666 5TH AVE
CITY - ST - ZIP	NY NY 10103
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	PALM BEACH, FL 33480
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	C/O VENAD, 100 FIRST STAMFORD PLACE
2.4 CITY - ST - ZIP	STAMFORD, CT 06902
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	C/O VENAD, 100 FIRST STAMFORD PLACE
3.4 CITY - ST - ZIP	STAMFORD, CT 06902
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	C/O FULBRIGHT + JAWORSKI, LLP, 666 5TH AVE
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 attachment with an address.

SIGNATURE: *Frederick R. Adler* (**FREDERICK R. ADLER**) **3/20/97** **561-65571520**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)