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

PROFIT CORPORATION **ANNUAL REPORT** 1998

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

	MENT # P9500 A ASSOCIATES, INC.	0082565 (9)					
Principal Plac	e of Business	Mailing Address				T TOBILDOL LID IDIDI DILIK BOKE DOLEK BOKE DÖJÜL IDIL	u lihar a rku 1	INOL ÉIN LODI
262 CENTRAL PARK WEST 262 CENTRAL PARK WEST			EST					
NEW YORK	NEW YORK NY 10024	V YORK NY 10024			DO NOT WRITE IN THIS SPACE			
	•					3. Date Incorporated or Qualified		
						10/23/1995		
·	lace of Business	2a. Mailing Address				4. FEI Number		pplied For
21 Cuito Ant	# ata	Suite, Apt. #, etc.				65-0650970		ot Applicable
Suite, Apt.	#, U C.	27 Suite, Apr. #, etc.				5. Certificate of Status Desired		Additional equired
City & State	9	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cor	intry	1	8. This corporation owes or has paid the curr		
24	25	29	30					No
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered A	lgent	
DELARA, ANNETTE L 7777 NORTHEAST BAYSHORE COURT STE 202 MIAMI FL 33138				61				
				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
				83				
				L.			Tank To	<u> </u>
				84	City	FL	65 Zip	Code
office or ragent. I a	egistered agent, or both, in the State in familiar with and accept the oblig Signature, typed or printed name of registered age OFFICERS AN	ent and filte if applicable (NC				poration submits this statement for the purpose of ation's board of directors. I hereby accept the appointment when reinstating) Date ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PT	DELETE	1.1 10	TLE			Change	☐ Addition
NAME	DELARA, ANNETTE L		1.2 N	AME				
STREET ADDRESS	262 CENTRAL PARK WEST		1.3 \$1	FREET	ADDRESS			
CFTY-ST-ZIP	NEW YORK NY 10024				ST-ZIP			
TITLE	COBB, WILLIAM W	☐ DELETE	2.1 TI				Change	Addition
NAME	262 CENTRAL PARK WEST		2.2 N/		1000000			
STREET ADDRESS CITY-ST-ZIP	NEW YORK NY 10024				ADDRESS ST-ZIP			
TITLE	8	☐ DELETE	3.1 Tř		31-211		Change	Addition
NAME	HOUGH, WESLEY C		3.2 N/	AME				
STREET ADDRESS	831 PACIFIC ST #6		3.3 S	REET	ADDRESS			
CITY-ST-ZIP	SANTA MONICA CA 90405		3.4. C	iTY-S	ST - ZIP			
TITLE		DELETE	4.1 TI		-		Change	Addition
NAME			4. 2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CI 5.1 Ti		T- ZIP		Change	Addition
NAME		المام	5.2 N/]	'		
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP					T-ZIP			
TITLE		DELETE	6.1 T/				Change	Addition

CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 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 changogr or on an attachment with an address.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

FILED

Feb 27 1998 8:00am

Secretary of State