

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000089596 (7)

1. Corporation Name

KINNEY SYSTEM OF EDEN ROC, INC.



Principal Place of Business

60 MADISON AVENUE
NEW YORK NY 10010

Mailing Address

60 MADISON AVENUE
NEW YORK NY 10010

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

11/22/1995

3a. Date of Last Report

4. FEI Number

13-3864797

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature of the person authorized to sign this report on behalf of the corporation

Signature of the person authorized to sign this report on behalf of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☒ Addition
1.2 NAME	SAUL P. SCHWARTZ	
1.3 STREET ADDRESS	60 MADISON AVENUE	
1.4 CITY-STATE-ZIP	NEW YORK, N.Y. 10010	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	LEWIS KATZ	
2.3 STREET ADDRESS	60 MADISON AVENUE	
2.4 CITY-STATE-ZIP	NEW YORK, N.Y. 10010	
3.1 TITLE	EV	☐ Change ☒ Addition
3.2 NAME	JOSEPH SCARPATI	
3.3 STREET ADDRESS	60 MADISON AVENUE	
3.4 CITY-STATE-ZIP	NEW YORK, NY 10010	
4.1 TITLE	EV/CFO	☐ Change ☒ Addition
4.2 NAME	MICHAEL MICHALOSKY	
4.3 STREET ADDRESS	60 MADISON AVENUE	
4.4 CITY-STATE-ZIP	NEW YORK, NY 10010	
5.1 TITLE	S	☐ Change ☒ Addition
5.2 NAME	JOSE SANTOS	
5.3 STREET ADDRESS	60 MADISON AVENUE	
5.4 CITY-STATE-ZIP	NEW YORK, NY 10010	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EXECUTIVE VICE PRESIDENT/CFO

2/9/96

212-889-4444

Daytime Phone

CR2E034 (12/95)