


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

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**Jun 03 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P95000089599 (1)**  
1. Corporation Name  
**EAST FLAGLER ST. THOM MCAN, INC.**

# 5329 q



Principal Place of Business: **ONE TREALL ROAD RYE NY 10580**  
**933 MAC ARTHUR BLVD. MAHWAH, N.J. 07430**

Mailing Address: **ONE TREALL ROAD RYE NY 10580**  
**933 MAC ARTHUR BLVD. MAHWAH, N.J. 07430**

3. Date Incorporated or Qualified: **11/22/1995**      3a. Date of Last Report: **05/30/1996**

4. FEI Number: **APPLIED FOR 04 3298064**      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

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **USA**

2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **USA**

9. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCVEY, LARRY</b>	
STREET ADDRESS	<b>67 MILLBROOK STREET</b>	
CITY-ST-ZIP	<b>WORCESTER MA 01806</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, THEODORE L.</b>	
STREET ADDRESS	<b>67 MILLBROOK STREET</b>	
CITY-ST-ZIP	<b>WORCESTER MA 01806</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>LUCEY, EDWARD J.</b>	
STREET ADDRESS	<b>67 MILLBROOK STREET</b>	
CITY-ST-ZIP	<b>WORCESTER MA 01806</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LARENCE, ROGER</b>	
STREET ADDRESS	<b>67 MILLBROOK STREET</b>	
CITY-ST-ZIP	<b>WORCESTER MA 01806</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RICHARDS, ARTHUR V.</b>	
STREET ADDRESS	<b>67 MILLBROOK STREET</b>	
CITY-ST-ZIP	<b>WORCESTER MA 01806</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>J. M. Robinson</b>	
1.3 STREET ADDRESS	<b>933 MacArthur Blvd.</b>	
1.4 CITY-ST-ZIP	<b>Mahwah, NJ 07430</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>AS GERALD BAHLMAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>933 MAC ARTHUR BLVD.</b>	
4.3 STREET ADDRESS	<b>MAHWAH, N.J. 07430</b>	
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Donald V Roach</b>	
5.3 STREET ADDRESS	<b>933 MacArthur Blvd</b>	
5.4 CITY-ST-ZIP	<b>Mahwah, NJ 07430</b>	
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 in changed or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **GERALD BAHLMAN** JAN 26 1997 (201) 934-2000

CR2E034 (9/96)