

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S95446 (8)**

1. Corporation Name
COMMUNITY WRAP HOLDING CORP.



Principal Place of Business: **60 CUTTER MILL RD S303 GREAT NECK NY 11021**
Mailing Address: **60 CUTTER MILL RD S303 GREAT NECK NY 11021**

3. Date Incorporated or Qualified: **11/20/1991**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **11-3090594**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES 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: _____ DATE: _____
Signature, typed or printed name of registered agent and date of appointment. (P.O. Box Number is Not Acceptable)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ROSENZWEIG, ISRAEL
STREET ADDRESS	% 60 CUTTER MILL RD #303
CITY-STATE-ZIP	GREAT NECK NY
TITLE	D <input type="checkbox"/> DELETE
NAME	GOULD, JEFF
STREET ADDRESS	% 60 CUTTER MILL RD #303
CITY-STATE-ZIP	GREAT NECK NY
TITLE	D <input type="checkbox"/> DELETE
NAME	BRINBERG, SIMEON
STREET ADDRESS	% 60 CUTTER MILL RD #303
CITY-STATE-ZIP	GREAT NECK NY
TITLE	VP <input type="checkbox"/> DELETE
NAME	LUNDY, MARK H.
STREET ADDRESS	60 CUTTER MILL RD S303
CITY-STATE-ZIP	GREAT NECK NY
TITLE	T <input type="checkbox"/> DELETE
NAME	KOBAY, SETH
STREET ADDRESS	60 CUTTER MILL RD S303
CITY-STATE-ZIP	GREAT NECK NY
TITLE	V <input type="checkbox"/> DELETE
NAME	GOULD, MATTHEW J.
STREET ADDRESS	60 CUTTER MILL RD S303
CITY-STATE-ZIP	GREAT NECK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **3-28-96 (516) 466-3100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)