f COR ANNU	DTICE: CORPORATIO ON OR BEFORE 9/17/97 PROFIT IPORATION JAL REPORT 1997	N WILL BE DISSOL	FLORIDA DEPAR Sandra B Secretar	EPTEMBER 17, 1997. UE TO REINSTATE: \$750.) ITMENT OF STATE . Mortham y of State CORPORATIONS	Jul 31 19	ILED 997 8:0 ary of S	
	of Business		(9) failing Address 460 BEDFORD ROAD PLEASANTVILLE NY 1057	0			
US		L	US		DO NOT WRIT 3. Date Incorporated or Qualified	E IN THIS SPACE 3a. Date of Last	Report
					05/07/1992	09/26/199	,
Principal Pl	ace of Business		. Mailing Address		4. FEI Number		pplied For
Suite, Apl. (#, etc.	26	Suite, Apt. #, etc.		65-0335943	AA 75	lot Applicable Additional
		27			5. Certificate of Status Desired		beriupel
City & State) 	28	City & State		6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip	Count 25	1ry 29	Zip	Country 30	 This corporation owes or has p Personal Property Tax due June 		ntangible XNo
		ess of Current Regis	stered Agent	81 Name	10. Name and Address of New R	egistered Agent	
	ger, Joseph K. North Universit						
	TE 114			82 Street Add	iress (P.O. Box Number is Not Accepta	ible)	
	NTATION FL 33324			83			
				84 City		85 Zir	Code
			607.1508, Florida Statute		poration submits this statement for the		
 Pursuant to office or re agent. I ar 			307,1508, Florida Statute ida. Such change was a f, Section 607,0505, Flo		poration submits this statement for the tion's board of directors. I hereby acce		
Pursuant to office or re agent. I an IGNATURE	o the provisions of Soc ogistered agent, or bot n familiar with, and ac- Signetive, typed or punion nam	ctions 607,0502 and 6 th, in the State of Flori cept the obligations o ne of registered agent and take	e Kapplicable (NOTE	es, the above-named corr ulhorized by the corpora rida Statutes.	red when reinstating)	PL purpose of changing ppt the appointment a	its registered s registered
1. Pursuant te office or re agent. I ar IGNATURE 2.	o the provisions of Soc ogistered agent, or bot in familiar with, and ac- Signeture, typed or printed new C	ctions 607.0502 and 6 th, in the State of Flori cept the obligations o	e it applicable (NOTE CTORS	es, the above-named corp ultionized by the corpora rida Statutos. Registered Agent signature requ- 13.		DATE CERS AND DIRECTO	its registered s registered RS IN 12
Pursuant to office or re agent. I ar IGNATURE	o the provisions of Soc ogistered agent, or bot n familiar with, and ac- Signetive, typed or punion nam	ctions 607,0502 and 6 th, in the State of Flori cept the obligations o ne of registered agent and tele DFFICERS AND DIRE	e Kapplicable (NOTE	es, the above-named corr ulhorized by the corpora rida Statutes.	red when reinstating)	PL purpose of changing ppt the appointment a	its registered s registered
I. Pursuant to office or re agent. 1 ar GNATURE I. I. I. ME	o the provisions of Soc ogistered agent, or bot in familiar with, and ac Signature. typed or puning nam D WALSH, DENIS J 460 BEDFORD R	ctions 607.0502 and 6 th, in the State of Flori cept the obligations o ne of registered agent and tale DFFICERS AND DIRE (e it applicable (NOTE CTORS	Registered Agent signature required as a statutes.	red when reinstating)	DATE CERS AND DIRECTO	its registered s registered RS IN 12
I. Pursuant to office or re agent. 1 ar GNATURE 2. LE ME REET ADDRESS IV-ST-2IP	o the provisions of Soc ogistered agent, or bot in familiar with, and ac- signeture, typed or puning nam O WALSH, DENIS J	ctions 607.0502 and 6 th, in the State of Flori cept the obligations o ne of registered agent and tale DFFICERS AND DIRE (o if applicatule (NOTE CTORS	Begistered Agent eignature required Statutos. Registered Agent eignature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating)	PL purpose of changing pt the appointment a OATE CERS AND DIRECTO Change	Its registered s registered RS IN 12
I. Pursuant to office or re agent. 1 ar GNATURE LE ME REET ADDRESS IY-ST-ZIP LE	o the provisions of Soc ogistered agent, or bot in familiar with, and ac Signature. typed or puning nam D WALSH, DENIS J 460 BEDFORD R	ctions 607.0502 and 6 th, in the State of Flori cept the obligations o ne of registered agent and tale DFFICERS AND DIRE (e it applicable (NOTE CTORS	the above-named corpultionized by the corporative distributes. Fregistered Agent signature required a Statutes. 13. 1.1 LITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE	red when reinstating)	DATE CERS AND DIRECTO	its registered s registered RS IN 12
Pursuant to office or re agent. 1 ar GNATURE E E E E E E E E E E E E ME E E ME ME ME ME ME ME ME ME ME ME ME ME ME ME ME	o the provisions of Soc ogistered agent, or bot in familiar with, and ac Signature. typed or puning nam D WALSH, DENIS J 460 BEDFORD R	ctions 607.0502 and 6 th, in the State of Flori cept the obligations o ne of registered agent and tale DFFICERS AND DIRE (o if applicatule (NOTE CTORS	Begistered Agent eignature required Statutos. Registered Agent eignature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating)	PL purpose of changing pt the appointment a OATE CERS AND DIRECTO Change	Its registered s registered RS IN 12
Pursuant to office or re agent. 1 ar GNATURE 	o the provisions of Soc ogistered agent, or bot in familiar with, and ac Signature. typed or puning nam D WALSH, DENIS J 460 BEDFORD R	ctions 607.0502 and 6 th, in the State of Flori cept the obligations o ne of registered agent and tale DFFICERS AND DIRE (as, the above-named corpultiorized by the corporative statutes. Registered Agent signature requirements 13. 1.1 InLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.5 STREET ADDRESS 3.4 CITY-ST-ZIP 3.5 STREET ADDRESS 3.5 STREET ADD	red when reinstating)	PL	Its registered s registered RS IN 12 Addition
Pursuant to office or re agent. 1 ar GNATURE k. ILE ME REET ADDRESS IV- ST- ZIP LE ME REET ADDRESS IY- ST- ZIP LE	o the provisions of Soc ogistered agent, or bot in familiar with, and ac Signature. typed or puning nam D WALSH, DENIS J 460 BEDFORD R	ctions 607.0502 and 6 th, in the State of Flori cept the obligations o ne of registered agent and tale DFFICERS AND DIRE (o if applicatule (NOTE CTORS	as, the above-namod corr ultiorized by the corpora- rida Statutes. Registered Agont signature requ- 13. 1.1 IIILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIRE 2.9 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIRE	red when reinstating)	PL purpose of changing pt the appointment a OATE CERS AND DIRECTO Change	Its registered s registered RS IN 12
Pursuant to office or re agent. 1 ar GNATURE 2. LE ME REET ADDRESS IY- ST-ZIP LE ME REET ADDRESS IY- ST-ZIP LE ME ME	o the provisions of Soc ogistered agent, or bot in familiar with, and ac Signature. typed or puning nam D WALSH, DENIS J 460 BEDFORD R	ctions 607.0502 and 6 th, in the State of Flori cept the obligations o ne of registered agent and tale DFFICERS AND DIRE (as, the above-namod corr ultiorized by the corpora- rida Statutes. Registered Agent signature requ- 13. 1.1 IIILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILE 3.2 NAME	red when reinstating)	PL	Its registered s registered RS IN 12 Addition
I. Pursuant to office or re agent. I ar GNATURE 2. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	o the provisions of Soc ogistered agent, or bot in familiar with, and ac Signature. typed or puning nam D WALSH, DENIS J 460 BEDFORD R	ctions 607.0502 and 6 th, in the State of Flori cept the obligations o ne of registered agent and tale DFFICERS AND DIRE (as, the above-namod corr ultiorized by the corpora- rida Statutes. Registered Agont signature requ- 13. 1.1 IIILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIRE 2.9 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIRE	red when reinstating)	PL	Its registered s registered RS IN 12 Addition
Pursuant to office or re agent. 1 ar GNATURE Solution Sol	o the provisions of Soc ogistered agent, or bot in familiar with, and ac Signature. typed or puning nam D WALSH, DENIS J 460 BEDFORD R	ctions 607.0502 and 6 th, in the State of Flori cept the obligations o ne of registered agent and tale DFFICERS AND DIRE (as, the above-namod corr ultiorized by the corpora- rida Statutes. Registered Agent signature requ- 13. 1.1 IffLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	red when reinstating)	PL	Its registered s registered RS IN 12 Addition
I. Pursuant to office or re agent. I ar GNATURE 3. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME	o the provisions of Soc ogistered agent, or bot in familiar with, and ac Signature. typed or puning nam D WALSH, DENIS J 460 BEDFORD R	ctions 607.0502 and 6 th, in the State of Flori cept the obligations o ne of registered agent and tale DFFICERS AND DIRE (O F applicatile (NOTE CTORS	ass, the above-named corrult orized by the corporative structures. Registered Agent signature required 13. 1.1 THLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THLE 2.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 THLE 3.2 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 THLE 4.2 NAME	red when reinstating)	PL purpose of changing purpose of changing pt the appointment a	Its registered s registered RS IN 12 Addition
I. Pursuant to office or re agent. I ar GNATURE 3. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	o the provisions of Soc ogistered agent, or bot in familiar with, and ac Signature. typed or puning nam D WALSH, DENIS J 460 BEDFORD R	ctions 607.0502 and 6 th, in the State of Flori cept the obligations o ne of registered agent and tale DFFICERS AND DIRE (O F applicatile (NOTE CTORS	ass, the above-named corrult orized by the corporative structure of the corporative required statutes. Registered Agent signature required statutes. 1.1 111LE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS	red when reinstating)	PL purpose of changing purpose of changing pt the appointment a	Its registered s registered RS IN 12 Addition
Pursuant to office or re agent. I ar GNATURE Control	o the provisions of Soc ogistered agent, or bot in familiar with, and ac Signature. typed or puning nam D WALSH, DENIS J 460 BEDFORD R	ctions 607.0502 and 6 th, in the State of Flori cept the obligations o ne of registered agent and tale DFFICERS AND DIRE (O F applicatile (NOTE CTORS	ass, the above-named corrult orized by the corporative structures. Registered Agent signature required 13. 1.1 THLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THLE 2.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 THLE 3.2 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 THLE 4.2 NAME	red when reinstating)	PL purpose of changing purpose of changing pt the appointment a	Its registered s registered RS IN 12 Addition
Pursuant to office or re agent. 1 ar GNATURE GNATURE EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE	o the provisions of Soc ogistered agent, or bot in familiar with, and ac Signature. typed or puning nam D WALSH, DENIS J 460 BEDFORD R	ctions 607.0502 and 6 th, in the State of Flori cept the obligations o ne of registered agent and tale DFFICERS AND DIRE (OF applicatio (NOTE CTORS	ass, the above-named corrult orized by the corporative structure of the corporative required statutes. Registered Agent signature required statutes. 1.1 111LE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 DITY-ST-ZIP	red when reinstating)	PL	its registered s registered RS IN 12 Addition
Pursuant to office or re agent. 1 ar GNATURE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	o the provisions of Soc ogistered agent, or bot in familiar with, and ac Signature. typed or puning nam D WALSH, DENIS J 460 BEDFORD R	ctions 607.0502 and 6 th, in the State of Flori cept the obligations o ne of registered agent and tale DFFICERS AND DIRE (OF applicatio (NOTE CTORS	ass, the above-named corrult orized by the corporative structure of the corporative required statutes. Registered Agent signature required statutes. 11.111LE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.2 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	red when reinstating)	PL	its registered s registered RS IN 12 Addition
Pursuant to office or re agent. 1 ar IGNATURE S	o the provisions of Soc ogistered agent, or bot in familiar with, and ac Signature. typed or puning nam D WALSH, DENIS J 460 BEDFORD R	ctions 607.0502 and 6 th, in the State of Flori cept the obligations o ne of registered agent and tale DFFICERS AND DIRE (OF applicatio (NOTE CTORS	ass, the above-named corrult orized by the corporative structure of the corporative required statutes. Registered Agent signature required statutes. 11.111LE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	red when reinstating)	PL	its registered s registered RS IN 12 Addition
Pursuant to office or re agent. 1 ar GNATURE E	o the provisions of Soc ogistered agent, or bot in familiar with, and ac Signature. typed or puning nam D WALSH, DENIS J 460 BEDFORD R	ctions 607.0502 and 6 th, in the State of Flori cept the obligations o ne of registered agent and tale DFFICERS AND DIRE (OF applicatio (NOTE CTORS	ass, the above-named corrult orized by the corporative structures. Registered Agont signature required Statutes. 11.111LE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THLE 2.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 THLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIPLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TILE 5.2 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TILE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TILE	red when reinstating)	PL	its registered s registered RS IN 12 Addition
Pursuant to office or re agent. 1 ar IGNATURE 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	o the provisions of Soc ogistered agent, or bot in familiar with, and ac Signature. typed or puning nam D WALSH, DENIS J 460 BEDFORD R	ctions 607.0502 and 6 th, in the State of Flori cept the obligations o ne of registered agent and tale DFFICERS AND DIRE (OF applicatio (NOTE CTORS	abs, the above-named corpultionized by the corporative statutes. Registered Agent signature required 13. 1.1 HILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILE 2.2 NAME 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIBLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIBLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TILE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TILE 6.2 NAME	red when reinstating)	PL	its registered s registered RS IN 12 Addition
Pursuant to office or re agent. 1 ar iGNATURE S Control Contro Contr	o the provisions of Soc ogistered agent, or bot n familiar with, and ac Signeture, typed or punind nam O WALSH, DENIS J 460 BEDFORD RC PLEASANTVILLE	ctions 607.0502 and 6 th, in the State of Fiori cept the obligations o ne of registered agent and left OFFICERS AND DIRE OAD NY 10570	OF applicatio (NOTE CTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	ass, the above-named corrult orized by the corporative structure and the second structure required statutes. Registered Agent signature required statutes. 11.1111LE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 DITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	red when reinstating)		its registered s registered RS IN 12 Addition Addition