

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 826589 (4)

1. Corporation Name
BANFI PRODUCTS CORPORATION



Principal Place of Business 21 BANFI PLAZA CS 6039 FARMINGDALE N Y 11735	Mailing Address 21 BANFI PLAZA CS 6039 FARMINGDALE N Y 11735
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1111 CEDAR SWAMP RD Suite, Apt. #, etc.		2a. Mailing Address 26 1111 CEDAR SWAMP RD Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/06/1971
22 City & State 23 OLD BROOKVILLE N.Y.	27 City & State 28 OLD BROOKVILLE N.Y.	4. FEI Number 13-4941010	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 11545	25 Country	29 Zip 11545	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPOLEON, JL	1.2 NAME	
STREET ADDRESS	111 CEDAR SWAMP RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OLD BROOKVILLE, NY 00000	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANI, HARRY	2.2 NAME	
STREET ADDRESS	111 CEDAR SWAMP RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLD BROOKVILLE, NY 00000	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOETZ, THERESE	3.2 NAME	
STREET ADDRESS	21 BANFI PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGDALE NY	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANI, JOHN F JR	4.2 NAME	
STREET ADDRESS	111 CEDAR SWAMP RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLD BROOKVILLE, NY 00000	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORRE, LUCIO	5.2 NAME	
STREET ADDRESS	111 CEDAR SWAMP RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OLD BROOKVILLE, NY 00000	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDERONE, PHILIP D	6.2 NAME	
STREET ADDRESS	1111 CEDAR SWAMP RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	OLD BROOKVILLE NY	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 registered agent authorized 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 appointment with an address.

[Signature] Vice President (516)

CR2E034 (10/97)