

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90186 047 \*\*\*150.00

DOCUMENT # F92000000223

1. Corporation Name  
MAFCO HOLDINGS INC.

Principal Place of Business

35 EAST 62 ST  
NY NY 10021  
US

Mailing Address

5900 NO ANDREWS AVE  
STE 700A  
FT LAUDERDALE FL 33309  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1992

4. FEI Number

13-3603886

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 38 E 63RD ST

Suite, Apt. #, etc.

22

City & State

23 New York NY

Zip

24 10021

Country

25 US

2a. Mailing Address

26 78 E 63RD ST

Suite, Apt. #, etc.

27

City & State

28 New York N.Y.

Zip

29 10021

Country

30 US.

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CD  
PERELMAN, RONALD O  
STREET ADDRESS 35 EAST 62ND STREET  
CITY-ST-ZIP NEW YORK NY 10021

TITLE ☐ DELETE

NAME PD  
SLOVIN, BRUCE  
STREET ADDRESS 35 EAST 62ND STREET  
CITY-ST-ZIP NEW YORK NY 10021

TITLE ☐ DELETE

NAME V  
GORDON, HOWARD F  
STREET ADDRESS 5900 NO ANDREWS AVE, STE 700A  
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME VS  
DICKES, GLENN P  
STREET ADDRESS 625 MADISON AVE  
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ DELETE

NAME AS  
COOK, DAVID L  
STREET ADDRESS 5900 NO ANDREWS AVE, STE 700A  
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME VCD  
GITTIS, HOWARD G  
STREET ADDRESS 35 EAST 62ND STREET  
CITY-ST-ZIP NEW YORK NY 10021

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

Date

212 572 8418

Daytime Phone #

CR2E034 (11/98)