

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 # **F93000001296 (3)**

1. Corporation Name

ABI PROPERTY HAY CORP.



Principal Place of Business

Mailing Address

**420 LEXINGTON AVE.
#2702
NEW YORK NY 10170
US**

**420 LEXINGTON AVE
#2702
NEW YORK NY 10170
US**

3. Date Incorporated or Qualified

04/09/1993

3a. Date of Last Report

06/14/1995

4. FEI Number

13-3404416

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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

Signature typed or printed name of officer or director

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PD
SONNENFELDT, MICHAEL
145 CENTRAL PARK WEST
NEW YORK NY**

1.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE

**DCEO
GOLDMAN, LLOYD
LAMPLIGHT ROAD
WESTPORT CT**

2.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)