

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 # **F94000003218 (4)**

1. Corporation Name
1001 INVESTMENTS, INC.



Principal Place of Business: **38 EAST 63RD STREET NEW YORK NY 10021**
Mailing Address: **38 EAST 63RD STREET NEW YORK NY 10021**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/20/1994	3a. Date of Last Report 03/14/1995
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 13-3773906	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 of the corporation. (Print Registered Agent Signature on separate sheet when required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COBD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERELMAN, RONALD O	1.2 NAME	
STREET ADDRESS	35 EAST 62ND STREET	1.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY 10021	1.4 CITY-STATE-ZIP	
TITLE	VC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAPKIN, DONALD G	2.2 NAME	
STREET ADDRESS	35 EAST 62ND STREET	2.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY 10021	2.4 CITY-STATE-ZIP	
TITLE	VCD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GITTS, HOWARD	3.2 NAME	
STREET ADDRESS	35 EAST 62ND STREET	3.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY 10021	3.4 CITY-STATE-ZIP	
TITLE	VCD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOVIN, BRUCE	4.2 NAME	
STREET ADDRESS	35 EAST 62ND STREET	4.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY 10021	4.4 CITY-STATE-ZIP	
TITLE	CFOV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELMAN, IRWIN	5.2 NAME	
STREET ADDRESS	35 EAST 62ND STREET	5.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY 10021	5.4 CITY-STATE-ZIP	
TITLE	VC	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINOKER, LAURENCE	6.2 NAME	
STREET ADDRESS	625 MADISON AVENUE	6.3 STREET ADDRESS	Vice President - Controller
CITY-STATE-ZIP	NEW YORK NY 10022	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 or changed, or on an attachment with an address.

SIGNATURE: *Chum Kiches* **Vice President & Secretary** **4/22/96** **(212) 572-8500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)