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Secretary of State

03-01-1999 90094 008 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F94000003218

1. Corporation Name
 1001 INVESTMENTS, INC.



Principal Place of Business	Mailing Address
35 E. 62ND ST. ATT: TAX DEPT. NEW YORK NY 10021 US	35 E. 62ND ST. ATT: TAX DEPT. NEW YORK NY 10021 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	06/20/1994
4. FEI Number	13-3773906
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> 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

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

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	

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

TITLE	COBD	<input type="checkbox"/> DELETE
NAME	PERELMAN, RONALD O	
STREET ADDRESS	35 EAST 62ND STREET	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	DRAPKIN, DONALD G	
STREET ADDRESS	35 EAST 62ND STREET	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	GITTIS, HOWARD	
STREET ADDRESS	35 EAST 62ND STREET	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	SLOVIN, BRUCE	
STREET ADDRESS	35 EAST 62ND STREET	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	CFOV	<input type="checkbox"/> DELETE
NAME	ENGELMAN, IRWIN	
STREET ADDRESS	35 EAST 62ND STREET	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	WINOKER, LAURENCE	
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VPC
4.3 STREET ADDRESS	DICKES, GLENN P.
4.4 CITY-ST-ZIP	625 MADISON AVE. NEW YORK, N.Y 10021
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Glenn P. Dickes GLENN P. DICKES 1/18/99 (212) 527-5875
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)