

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90092 005 ***150.00

0546406

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **F97000000906**

1. Corporation Name
PAGE PLAZA MANAGEMENT CORPORATION



Principal Place of Business C/O WHARTON REALTY GROUP 2100 ROUTE 35, SUITE A SEA GIRT NJ 08750	Mailing Address C/O WHARTON REALTY GROUP 2100 ROUTE 35, SUITE A SEA GIRT NJ 08750
--	--

DO NOT WRITE IN THIS SPACE

21 Principal Place of Business Suite, Apt. #, etc. City & State Zip	22	23	24	25	26	27	28	29	30
C/O WHARTON REALTY GROUP 2100 ROUTE 35, SUITE A SEA GIRT NJ 08750					C/O PLAY KNIPS 240 WEST 40 ST. N.Y., N.Y. 10018 USA				

3. Date Incorporated or Qualified 02/20/1997	4. FEI Number 22-3498649	Applied For Not Applicable
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	PC	<input type="checkbox"/> DELETE
NAME	TAWIL, SAUL R	
STREET ADDRESS	C/O 2100 ROUTE 35, SUITE A	
CITY-ST-ZIP	SEA GIRT NJ 08750	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	MASSRY, DANIEL	
STREET ADDRESS	C/O 2100 ROUTE 35, SUITE A	
CITY-ST-ZIP	SEA GIRT NJ 08750	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTTON, SHARON	
STREET ADDRESS	C/O 2100 ROUTE 35, SUITE A	
CITY-ST-ZIP	SEA GIRT NJ 08750	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SITT, MARILYN	
STREET ADDRESS	C/O 2100 ROUTE 35, SUITE A	
CITY-ST-ZIP	SEA GIRT NJ 08750	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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: _____ **REQUIRED** SAUL TAWIL, PRES. 1-2-99 212-391-0170
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)