

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

1998
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 AUG -7 AM 9:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F97000004175 (2)

1. Corporation Name
KADAMPANATTU CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **500 PARK AVENUE, SUITE 540, NEW YORK NY 10022**
 Mailing Address: **500 PARK AVENUE, SUITE 540, NEW YORK NY 10022**

3. Date Incorporated or Qualified: **08/07/1997**
 4. FEI Number: **13-3473856**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **660 Madison Ave, 10th Fl, New York, NY 10022**
 2a. Mailing Address: **660 Madison Ave, 10th Fl, New York, NY 10022**

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
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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	PC	<input type="checkbox"/> DELETE
NAME	MCCOWN, JOHN D	
STREET ADDRESS	500 PARK AVENUE, SUITE 540	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GOTIMER, WILLIAM G JR	
STREET ADDRESS	500 PARK AVENUE, SUITE 540	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLEAN, MALCOLM P	
STREET ADDRESS	500 PARK AVENUE, SUITE 540	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	100002614331--2
1.3 STREET ADDRESS	-08/12/98--01081--005
1.4 CITY-ST-ZIP	****150.00 ****150.00
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. I am the registered agent and my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; that I am duly empowered to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12(b). If a change of address is made, it must be filed with an address change form.

[Handwritten signatures and dates]
 7/28/98
 8/17/98

KADAMPANATTU CORP.
10TH FLOOR
660 MADISON AVENUE
NEW YORK, NEW YORK 10021-8405
TEL: (212) 635-9022
FAX: (212) 486-3057

July 9, 1998

Florida Department of State
Division Of Corporations
Sandra B. Mortham
Secretary Of State
P.O. Box 6327
Tallahassee, Florida 32314

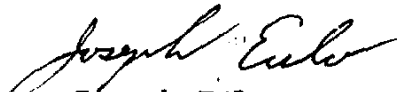
Dear Sir or Madam:

Enclosed please find a check in the amount of \$150.00 to replace the check which was apparently lost when our return was filed. I have also enclosed a copy of the check stub contained in our files. This is in response to your request for payment of our annual filing fee.

Looking through our bank statements, the check had never cleared the bank. We have stopped payment and issued this replacement.

I spoke to Mrs. Linda Ehlert of your office and she has instructed me to send another check in the amount of \$150.00 along with this letter. Please let me know if there is anything further we need provide. Thank you.

Sincerely Yours,


Joseph Eulo

KADAMPANATTU CORP.

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT
	Annual report fee for GFTC			150.00
	Memo: One Hundred Fifty and 0/100 Dollars		Duplicate	
CHECK DATE	CHECK NO.	PAYEE	DISCOUNT	
3/1/98	4978	Florida Dept of State		\$150.00

004978