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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K24362 (1)

1. Corporation Name
225 - 27 STREET CORP.

Principal Place of Business 300 E. 51ST ST NEW YORK NY 10022	Mailing Address 300 E. 51ST ST NEW YORK NY 10022
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 8 LAKE ST	2a. Mailing Address 26 ← SAME	3. Date Incorporated or Qualified 05/23/1988	3a. Date of Last Report 05/02/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0060979	Applied For <input checked="" type="checkbox"/> Not Applicable
23 City & State MONROE N.Y.	28 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 10950	25 County ORANGE	29 Zip	30 Country
9. Name and Address of Current Registered Agent BURNS, MEL 2797 N.E. 51ST STREET APT 104 FT LAUDERDALE FL 33308		10. Name and Address of New Registered Agent	

01 Name	05 Zip Code
02 Street Address (P.O. Box Number is Not Acceptable)	
03	
04 City	FL

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 registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURNS, MICHAEL D. 85 EAST END AVE., APT 9M NEW YORK NY 10028	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	B JEFF WOLF 920 PARK AVE N.Y. NY - 10028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this form is true and accurately furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this report is the applicable 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 and that the report is in full compliance with the requirements of Chapter 67, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked. I am authorized to execute this report as required by Chapter 67, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/16/95** Time: **7:14**
Phone: **783 7100**