

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K24362** (1)  
1. Corporation Name  
**225 - 27 STREET CORP. C/O Michael Burns**



Principal Place of Business  
**8 LAKE ST  
MONROE NY 10950  
US**

Main Address  
**8 LAKE ST  
MONROE NY 10950  
US**

3. Date Incorporated or Qualified **05/23/1988** 3a. Date of Last Report **04/13/1995**

4. FILING STATE **65-0060979** Applied For / Not Applicable

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 has liability for intangible tax under s. 193.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 **85 EAST END AVE**  
22 **APT 9M**  
23 **NY NY**  
24 **10028** 25 **MANHATTAN**

2a. Main Address  
26 **85 EAST END AVE**  
27 **APT. 9M**  
28 **NY NY**  
29 **10028** 30 **MANHATTAN**

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

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 607.0207 and 607.1509, 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 607.0906, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BURNS, MICHAEL D.</b>	
STREET ADDRESS	<b>85 EAST END AVE., APT 9M</b>	
CITY, ST, ZIP	<b>NEW YORK NY 10028</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WOLF, JEFF</b>	
STREET ADDRESS	<b>920 PARK AVE</b>	
CITY, ST, ZIP	<b>NEW YORK NY 10028</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, 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 provided on this form is required to be published and reported to the public and is available to the public. I, the undersigned, shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, its president or trustee as provided to exist in the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or both as in Block 12 with an addition.

SIGNATURE: **Michael Burns**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael Burns* 3/20/96

CR2E034 (12/95)