

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M85326 (0)**

1. Corporation Name

**112 WEST ADAMS REALTY CORPORATION**



Principal Place of Business

Mailing Address

**% L. BRAUN  
34-09 QUEENS BLVD.  
LONG ISLAND CITY NY 11101**

**% L. BRAUN  
34-09 QUEENS BLVD.  
LONG ISLAND CITY NY 11101**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title, if applicable

NAME Registered Agent Signature required when not filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	SANI, LAL	8-10 WEST 36TH STREET	NEW YORK NY	<input type="checkbox"/>
V	SANI, ASHOK	8-10 WEST 36TH STREET	NEW YORK NY	<input type="checkbox"/>
S	SANI, SUNIL	8-10 WEST 36TH STREET	NEW YORK NY	<input type="checkbox"/>
T	BRAUN, LEONARD	8-10 WEST 36TH STREET	NEW YORK NY	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1-1 TITLE	1-2 NAME	1-3 STREET ADDRESS	1-4 CITY-ST-ZIP	CHANGE	ADDITION
2-1 TITLE	2-2 NAME	2-3 STREET ADDRESS	2-4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3-1 TITLE	3-2 NAME	3-3 STREET ADDRESS	3-4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4-1 TITLE	4-2 NAME	4-3 STREET ADDRESS	4-4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5-1 TITLE	5-2 NAME	5-3 STREET ADDRESS	5-4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6-1 TITLE	6-2 NAME	6-3 STREET ADDRESS	6-4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 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.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96

718-482-0700  
EXT

CR2E034 (12/95)