


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90186 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P15733
 1. Corporation Name
MACANDREWS & FORBES HOLDINGS INC.



Principal Place of Business 35 E 62ND ST NEW YORK NY 10021 US	Mailing Address 5900 N ANDREWS AVE SUITE 700A FT LAUDERDALE FL 33309 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 38 E 63 RD ST	2a. Mailing Address 26 38 E 63 RD ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 New York NY	City & State 28 New York N.Y.
Zip 24 10021	Country 25 US
Zip 29 10021	Country 30 US

3. Date Incorporated or Qualified 08/28/1987	Applied For Not Applicable
4. FEI Number 22-2470551	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

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 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOVIN, BRUCE	1.2 NAME	
STREET ADDRESS	35 EAST 62ND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021	1.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, DAVID L	2.2 NAME	
STREET ADDRESS	5900 N ANDREWS AVE SUITE 700A	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	
TITLE	SVS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKES, GLENN P	3.2 NAME	
STREET ADDRESS	625 MADISON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	3.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINOKER, LARRY	4.2 NAME	
STREET ADDRESS	625 MADISON AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	4.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GITTIS, HOWARD	5.2 NAME	
STREET ADDRESS	35 EAST 62ND STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021	5.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERELMAN, RONALD O.	6.2 NAME	
STREET ADDRESS	35 EAST 62ND STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021	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: *Mark Hoff* **4/24/99** **215228418**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)