

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 # P21138 (3)

1. Corporation Name
ELMSFORD PLANTATION CORP.



Principal Place of Business: % ROBERT MARTIN COMPANY, 100 CLEARBROOK RD, ELMSFORD NY 10523
Mailing Address: % ROBERT MARTIN COMPANY, 100 CLEARBROOK RD, ELMSFORD NY 10523

3. Date Incorporated or Qualified: 10/03/1988
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24):
2a. Mailing Address (25-28):
22. Suite, Apt. #, etc. (27):
23. City & State (28):
24. Zip (29), Country (30)

4. FEI Number: 13-3500403
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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, MARTIN S	1.2 NAME	
STREET ADDRESS	100 CLEARBROOK ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINBERG, ROBERT F.	2.2 NAME	
STREET ADDRESS	100 CLEARBROOK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOS, LLOYD I.	3.2 NAME	
STREET ADDRESS	100 CLEARBROOK ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, TIM M	4.2 NAME	
STREET ADDRESS	100 CLEARBROOK RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, BRAD W	5.2 NAME	
STREET ADDRESS	100 CLEARBROOK RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

700001792187
-04/24/96--01021--004
***208.75

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: _____ Date: 4-16-96 (914) 592-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)