

**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 # **P23628** (1)

1. Corporation Name  
**ELMSFORD CORAL SQUARE CORP.**



Principal Place of Business <b>% ROBERT MARTIN COMPANY 100 CLEARBROOK RD ELMSFORD NY 10523</b>	Mailing Address <b>% ROBERT MARTIN COMPANY 100 CLEARBROOK RD ELMSFORD NY 10523</b>
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3. Date Incorporated or Qualified <b>03/29/1989</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>13-3506968</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301</b>				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)

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 P	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERGER, BRAD W.		4.2 NAME	
STREET ADDRESS 100 CLEARBROOK ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP ELMSFORD NY		4.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, TIM M		5.2 NAME	
STREET ADDRESS 100 CLEARBROOK ROAD		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	

**500001792185**  
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**\*\*\*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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4-16-96** (914) 592-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)