

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

**FILED**  
**May 19 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P96000060129 (9)**  
 1. Corporation Name  
**350 REALTY CORP.**



|   |   |
|---|---|
| Principal Place of Business<br><b>250 WORTH AVENUE<br/>UNIT 4<br/>PALM BEACH FL 33480</b> | Mailing Address<br><b>250 WORTH AVENUE<br/>UNIT 4<br/>PALM BEACH FL 33480</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |                  |                         |                  |  |  |
|---|------------------|-------------------------|------------------|--|--|
| 2. Principal Place of Business                  |                  | 2a. Mailing Address     |                  | 3. Date Incorporated or Qualified<br><b>07/10/1996</b>       |  |
| 21. Suite, Apt. #, etc.                         | 22. City & State | 26. Suite, Apt. #, etc. | 27. City & State | 4. FEI Number<br><b>65-0707994</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 23. Zip   | 24. Country      | 28. Zip                 | 29. Country      | 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |
| 9. Name and Address of Current Registered Agent |                  |                         |                  | 10. Name and Address of New Registered Agent                 |  |

**MENOR, ARTHUR J ESQ.  
 SHUTTS & BOWEN  
 250 AUSTRALIAN AVE. SOUTH, SUITE 500  
 WEST PALM BEACH FL 33401**

|   |
|---|
| 81. Name<br><b>BURTON HANDELSMAN</b>  |
| 82. Street Address (P.O. Box Number is Not Acceptable)<br><b>250 WORTH AVENUE</b> |
| 83. City  |
| 84. City<br><b>PALM BEACH</b>   |
| 85. Zip Code<br><b>FL 33480</b>   |

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 of 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]* (NOT 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                       | HANDELSMAN, BURTON             |                                 | 1.2 NAME  |                                 |                                   |
| STREET ADDRESS             | P.O. BOX 28 GEDNEY STATION N/A |                                 | 1.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | WHITE PLAINS NY 10605          |                                 | 1.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      | VPTD                           | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | HANDELSMAN, STEVEN             |                                 | 2.2 NAME  |                                 |                                   |
| STREET ADDRESS             | P.O. BOX 28 GEDNEY STATION N/A |                                 | 2.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | WHITE PLAINS NY 10605          |                                 | 2.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      | VPSD                           | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | HANDELSMAN, LUCILLE            |                                 | 3.2 NAME  |                                 |                                   |
| STREET ADDRESS             | P.O. BOX 28 GEDNEY STATION N/A |                                 | 3.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | WHITE PLAINS NY 10605          |                                 | 3.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                                | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                |                                 | 4.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                                |                                 | 4.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                                |                                 | 4.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                                | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                |                                 | 5.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                                |                                 | 5.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                                |                                 | 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                                       |                                 |                                   |

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.

SIGNATURE: *[Signature]* 4/20/98

CR2E034 (10/97)