


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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90012 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000060129

1. Corporation Name
350 REALTY CORP.



Principal Place of Business 250 WORTH AVENUE UNIT 4 PALM BEACH FL 33480	Mailing Address 250 WORTH AVENUE UNIT 4 PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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3. Date Incorporated or Qualified 07/10/1996	
4. FEI Number 65-0707994	Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> No

9. Name and Address of Current Registered Agent

HANDELSMAN, BURTON
250 WORTH AVENUE
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HANDELSMAN, BURTON	
STREET ADDRESS	P.O. BOX 28 GEDNEY STATION N/A	
CITY-ST-ZIP	WHITE PLAINS NY 10605	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	HANDELSMAN, STEVEN	
STREET ADDRESS	P.O. BOX 28 GEDNEY STATION N/A	
CITY-ST-ZIP	WHITE PLAINS NY 10605	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	HANDELSMAN, LUCILLE	
STREET ADDRESS	P.O. BOX 28 GEDNEY STATION N/A	
CITY-ST-ZIP	WHITE PLAINS NY 10605	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	STOCKER MARSHA	
STREET ADDRESS	5 LOVE LANE	
CITY-ST-ZIP	HARRISON NY	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	HEASLIP SANDY	
STREET ADDRESS	3 LOVE LANE	
CITY-ST-ZIP	HARRISON NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STOCKER, MARSHA	
1.3 STREET ADDRESS	5 LOVE LANE	
1.4 CITY-ST-ZIP	HARRISON N.Y.	
2.1 TITLE	VPSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HEASLIP, SANDY	
2.3 STREET ADDRESS	3 LOVE LANE	
2.4 CITY-ST-ZIP	HARRISON NY	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Burton Handelsman* Date: 3/30/99 Daytime Phone #: 561 835 5903

CR2E034 (11/98)