

**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 # **P24277 (6)**

1. Corporation Name  
**MACK REALTY COMPANY**

**D-I-P**



Principal Place of Business: **INCOME TAX DEPARTMENT 2955 E MARKET ST YORK PA 17402**  
Mailing Address: **INCOME TAX DEPARTMENT 2955 E MARKET ST YORK PA 17402**

3. Date Incorporated or Qualified: **05/11/1989**      3a. Date of Last Report: **05/01/1995**

4. FEI Number: **25-1112132**      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

2. Principal Place of Business: **21**      2a. Mailing Address: **26**

22. Suite, Apt. #, etc.:      27. Suite, Apt. #, etc.

23. City & State:      28. City & State

24. Zip:      25. Country:      29. Zip:      30. Country:

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**

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: <b>D</b>	<b>RIKLIS, MESHULAM</b>	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>2901 LAS VEGAS BLVD SOUTH</b>	1.2 NAME:	
STREET ADDRESS:	<b>LAS VEGAS NV</b>	1.3 STREET ADDRESS:	
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: <b>P</b>	<b>JACKEL, STEPHEN M</b>	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>2995 E. MARKET ST.</b>	2.2 NAME:	
STREET ADDRESS:	<b>YORK PA</b>	2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: <b>ASD</b>	<b>COX, ROBERT F</b>	3.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	<b>2955 EAST MARKET ST</b>	3.2 NAME:	<b>AS GAUNT, JOHN</b>
STREET ADDRESS:	<b>YORK PA</b>	3.3 STREET ADDRESS:	<b>2955 E MARKET ST</b>
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	<b>YORK PA</b>
TITLE: <b>VPT</b>	<b>WEINER, PAUL</b>	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>667 MADISON AVE</b>	4.2 NAME:	
STREET ADDRESS:	<b>NEW YORK NY</b>	4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: <b>S</b>	<b>HASKELL, DEAN</b>	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>2955 E MARKET ST</b>	5.2 NAME:	
STREET ADDRESS:	<b>YORK PA</b>	5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE: <b>AS</b>	<b>BULZACHELLI, PAUL</b>	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>2955 E MARKET ST</b>	6.2 NAME:	
STREET ADDRESS:	<b>YORK PA</b>	6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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: Paul F Bulzacchelli      **PAUL F BULZACCHELLI**      4/25/96      (717) 757 8655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date:      District Phone #

CR2E034 (12/95)

MACK REALTY COMPANY 

**OFFICERS**

<u>NAME &amp; ADDRESS</u>	<u>TITLES</u>
	<i>PRESIDENT</i>
<i>PAUL WEINER 667 MADISON AVE NEW YORK NY 10021</i>	<i>SR VICE PRES/TREASURER</i>
<i>DEAN HASKELL 2955 E MARKET STREET YORK PA 17402</i>	<i>SECRETARY</i>
<i>PAUL BULZACHELLI 2955 E MARKET STREET YORK PA 17402</i>	<i>ASST SECRETARY</i>
<i>JOHN GAUNT 2955 E MARKET STREET YORK PA 17402</i>	<i>ASST SECRETARY</i>

**DIRECTORS**

<i>MESHULAM RIKLIS</i>	<i>2901 LAS VEGAS BLVD SOUTH LAS VEGAS NV 89109</i>
<i>PAUL WEINER</i>	<i>667 MADISON AVE NEW YORK NY 10021</i>

12/16/95