

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P35782** (2)

1. Corporation Name
FARBERWARE INC.



Principal Place of Business: **1500 BASSETT AVENUE BRONX NY 10461**
Mailing Address: **1500 BASSETT AVENUE BRONX NY 10461**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Prepared or Qualified: **10/04/1991**
3a. Date of Last Report: **03/29/1995**
4. EIN Number: **51-0305223**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes: Yes No

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, 82, 83, 84, 85

11. Pursuant to the provisions of Sections 607.0872 and 607.11001, Florida Statutes, the above named corporation, subsidiary, or statement for the purpose of changing its registered office or registered agent, or both in the State of Florida, shall change, with effect from the date of filing, its corporation's record of choice. The registrant accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0870, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CAMERON, PETER B.	
STREET ADDRESS	1500 BASSETT AVENUE	
CITY, STATE, ZIP	BRONX NY	
TITLE	VCT	<input type="checkbox"/> DELETE
NAME	HUTCHISON, RONALD	
STREET ADDRESS	1500 BASSETT AVENUE	
CITY, STATE, ZIP	BRONX NY	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HEMPSTEAD, GEORGE H., III	
STREET ADDRESS	99 WOOD AVE. SOUTH	
CITY, STATE, ZIP	ISELIN NJ	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	WARREN, ANDREW L	
STREET ADDRESS	1500 BASSETT AVE	
CITY, STATE, ZIP	BRONX NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HALL, JAMES	
STREET ADDRESS	1500 BASSETT AVE	
CITY, STATE, ZIP	BRONX NY	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	FOLEY, DANIEL	
STREET ADDRESS	1500 BASSETT AVE	
CITY, STATE, ZIP	BRONX NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
6. STREET ADDRESS	
7. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	
9. STREET ADDRESS	
10. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	
12. STREET ADDRESS	
13. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 149.07(3)(a), 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 business or trade or profession to which this filing is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change in name or address.

SIGNATURE: *Andrew L Warren* **ANDREW L WARREN** 3/13/96 (718) 863-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)