

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanna B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **835769** (1)

1. Corporation Name
QUICK & REILLY, INC.



Principal Place of Business: **26 BROADWAY 11TH FLOOR NEW YORK NY 10004 US**
Mailing Address: **26 BROADWAY 11TH FLOOR NEW YORK NY 10004 US**

3. Date Incorporated or Qualified: **02/10/1976**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **13-2779884**
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

21. Principal Place of Business: Subst. Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country

2a. Mailing Address: Subst. Apt. #, etc.
27. City & State
28. Zip
29. Country
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
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	O'HERN, MARY	
STREET ADDRESS	13 WOODMERE AVE	
CITY, ST, ZIP	RUMSON NJ	
TITLE	P	<input type="checkbox"/> DELETE
NAME	QUICK, TOM	
STREET ADDRESS	1214 MOORES HILL ROAD	
CITY, ST, ZIP	LAUREL HOLLOW NY	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	QUICK, LESLIE C	
STREET ADDRESS	3 MORTON LANE	
CITY, ST, ZIP	WARREN NJ	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BOTT, ROBERT	
STREET ADDRESS	149 WEYFORD TERRACE	
CITY, ST, ZIP	GARDEN CITY NY	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CORSO, JOE	
STREET ADDRESS	79 WASHINGTON PLACE, APT 5R	
CITY, ST, ZIP	NY NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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 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: **Thomas C. Quick** *Thomas C. Quick* 1-31-96 212-747-4840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filed

CR2E034 (12/95)