

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 835769 (1)
 1. Corporation Name
QUICK & REILLY, INC.



Principal Place of Business		Mailing Address	
26 BROADWAY 11TH FLOOR NEW YORK NY 10004 US		26 BROADWAY 11TH FLOOR NEW YORK NY 10004 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	02/10/1976	13-2779884
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For
22	27	<input type="checkbox"/>	Not Applicable
City & State	City & State	\$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

DO NOT WRITE IN THIS SPACE

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

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, PETER	
STREET ADDRESS	118 HORSESHOE RD	
CITY-ST-ZIP	MILL NECK 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 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:  4/13/98 (212) 747-1200

CR2E034 (10/97)