

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:11

DOCUMENT # F94000000781 (4)

1. Corporation Name

LOWENTHAL, LANDAU, FISCHER & BRING, P.C.

Principal Place of Business	Mailing Address
150 EAST PALMETTO PARK ROAD STE. 435 BOCA RATON FL 33432	150 EAST PALMETTO PARK ROAD STE. 435 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/16/1994	3a. Date of Last Report
4. FEI Number 13-2694667	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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

SARAGA, ROBERT S ESQ.
150 E. PALMETTO PARK ROAD
STE. 435
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

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 the filer (required) (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BRING, MARTIN R
STREET ADDRESS	250 PARK AVE.
CITY- ST- ZIP	NEW YORK NY 10177
TITLE	CP
NAME	FISCHER, ROBERT E
STREET ADDRESS	250 PARK AVE.
CITY- ST- ZIP	NEW YORK NY 10177
TITLE	DS
NAME	FLANDERS, MARTHA J
STREET ADDRESS	250 PARK AVE.
CITY- ST- ZIP	NEW YORK NY 10177
TITLE	D
NAME	GINSBERG, LAWRENCE L
STREET ADDRESS	250 PARK AVE.
CITY- ST- ZIP	NEW YORK NY 10177
TITLE	D
NAME	LANDAU, EDWARD J
STREET ADDRESS	250 PARK AVE.
CITY- ST- ZIP	NEW YORK NY 10177
TITLE	D
NAME	LEEDS, MICHAEL H
STREET ADDRESS	250 PARK AVE.
CITY- ST- ZIP	NEW YORK NY 10177

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 199.03(3)(b), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
MARTIN R. BRING

2/9/95 212 986 1116
DATE