

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

**FILED**

**Jan 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000005342 (8)**  
 1. Corporation Name  
**STEINBERG GLOBAL ASSET MANAGEMENT, LTD., CORP.**



Principal Place of Business <b>2000 GLADES RD #204 BOCA RATON FL 33431</b>	Mailing Address <b>2000 GLADES RD #204 BOCA RATON FL 33431-8504</b>
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3. Date Incorporated or Qualified <b>10/14/1996</b>	3a. Date of Last Report <b>10/14/96</b>
4. FEI Number <b>04-3173192</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Zip Country	30. Zip Country

**g. Name and Address of Current Registered Agent**

**STEINBERG, RICHARD D  
2000 GLADES RD #204  
BOCA RATON FL 33431**

**10. Name and Address of New Registered Agent**

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DCPS</b>	<input type="checkbox"/> DELETE
NAME	<b>STEINBERG, RICHARD D</b>	
STREET ADDRESS	<b>1070 COMMONWEALTH AVE #201</b>	
CITY-ST-ZIP	<b>BOSTON MA 02215</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>STEINBERG, RICHARD D</b>	
STREET ADDRESS	<b>1070 COMMONWEALTH AVE #201</b>	
CITY-ST-ZIP	<b>BOSTON MA 02215</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEINBERG, NORMAN</b>	
STREET ADDRESS	<b>917 SALEM END RD</b>	
CITY-ST-ZIP	<b>FRAMINGHAM MA 01701</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHOTT, JOHN W</b>	
STREET ADDRESS	<b>120 CTR ST</b>	
CITY-ST-ZIP	<b>DOVER MA 02030</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>12199 Rockledge Circle</b>
1.4 CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>12199 Rockledge Circle</b>
2.4 CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>Framingham MA 01702</b>
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 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: Richard D. Steinberg **Richard D. Steinberg** **1/6/97** **561-750-0800**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)