

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

FILED

**May 19 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 # F97000003832 (9)
1. Corporation Name
GRAHAM-FIELD, INC.



Principal Place of Business 400 RABRO DR HAUPPAUGE NY 11788	Mailing Address 400 RABRO DR HAUPPAUGE NY 11788
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/22/1997	
4. FEI Number 11-1820299	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH, LTD., INC.
1408 HAYS ST, SUITE 2
TALLAHASSEE FL 32301

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELINGER, IRWIN	1.2 NAME	
STREET ADDRESS	400 RABRO DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAUPPAUGE NY 11788	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, GARY M	2.2 NAME	Paul Bellamy
STREET ADDRESS	400 RABRO DR	2.3 STREET ADDRESS	400 Rabro Drive
CITY-ST-ZIP	HAUPPAUGE NY 11788	2.4 CITY-ST-ZIP	Hauppauge NY 11788
TITLE	VGC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLODNY, RICHARD S	3.2 NAME	
STREET ADDRESS	400 RABRO DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAUPPAUGE NY 11788	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEVER, BEATRICE	4.2 NAME	
STREET ADDRESS	400 RABRO DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAUPPAUGE NY 11788	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBRANO, LOUIS A	5.2 NAME	
STREET ADDRESS	432 PARK AVE S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZANUS, HAROLD DR	6.2 NAME	
STREET ADDRESS	134 HOFSTRA UNIVERSITY, 2ND FL, WELLER HALL	6.3 STREET ADDRESS	
CITY-ST-ZIP	HEMPSTEAD NY 11550-1090	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 _____

CR2E034 (10/97)