

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P04253** (1)
1. Corporation Name
EPSTEIN BECKER & GREEN, P.C.



Principal Place of Business: **250 PARK AVENUE NEW YORK NY 10177**
Mailing Address: **250 PARK AVENUE NEW YORK NY 10177**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1984	3a. Date of Last Report 04/14/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3031033	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**GELLMAN, ARNOLD
2400 S DIXIE HWY STE 100
MIAMI FL 33133**

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	FL	
83			
84	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: **7/3/96**
Signature typed or printed below that of registered agent and filed as applicable. (NOTE: Registered Agent signature is required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURA, GABOR	12 NAME	Gara, Gabor
STREET ADDRESS	9 BURNHAM RD	13 STREET ADDRESS	9 Burnham Rd
CITY-ST-ZIP	WEST NEWTON MA	14 CITY-ST-ZIP	West Newton MA
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORMO, FRANK	22 NAME	Morris, Frank
STREET ADDRESS	4130 N RIVER ST	23 STREET ADDRESS	4130 N River St
CITY-ST-ZIP	MCLEAN VA	24 CITY-ST-ZIP	McLean VA
TITLE	V <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPE, GEORGE	32 NAME	
STREET ADDRESS	420 E. 55TH STREET, #2L	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, STEVEN B.	42 NAME	
STREET ADDRESS	10413 BUCKBOARD PLACE	43 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIFSCHULTZ, LOWELL	52 NAME	
STREET ADDRESS	OLD ROARING BROOK RD	53 STREET ADDRESS	
CITY-ST-ZIP	MT KISCO NY	54 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, JEFFREY H	62 NAME	
STREET ADDRESS	74 KERRY LANE	63 STREET ADDRESS	
CITY-ST-ZIP	CHAPPAQUA NY	64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **7/19/96** (212) 351-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)