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**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90031 007 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P04253

1. Corporation Name  
 EPSTEIN BECKER & GREEN, P.C.



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	12/05/1984
4. FEI Number	13-3031033
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Trust Fund Contribution	<input type="checkbox"/>
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input 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	29
25	30

9. Name and Address of Current Registered Agent

~~GELMAN, ARNOLD~~ Harry Turk  
 2400 S DIXIE HWY STE 100  
 MIAMI FL 33133

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
	FL

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 Harry Turk DATE 3/30/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARAI, GABOR	
STREET ADDRESS	9 BRUNHAM RD	
CITY-ST-ZIP	WEST NEWTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, FRANK	
STREET ADDRESS	4130 N RIVER ST	
CITY-ST-ZIP	MCLEAN VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SAPE, GEORGE	
STREET ADDRESS	420 E. 55TH STREET, #2L	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EPSTEIN, STEVEN B.	
STREET ADDRESS	10413 BUCKBOARD PLACE	
CITY-ST-ZIP	POTOMAC MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIFSCHULTZ, LOWELL	
STREET ADDRESS	OLD ROARING BROOK RD	
CITY-ST-ZIP	MT KISCO NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BECKER, JEFFREY H	
STREET ADDRESS	74 KERRY LANE	
CITY-ST-ZIP	CHAPPAQUA NY	

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)