

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P30696** (9)

1. Corporation Name  
**PRENTICE SECURITIES INC.**



Principal Place of Business: **90 BROAD STREET NEW YORK NY 10004**  
Mailing Address: **90 BROAD STREET NEW YORK NY 10004**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/27/1990</b>	3a. Date of Last Report <b>06/16/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>13-3472420</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
8751 WEST BROWARD BLVD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and date of signature (Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PD TIERNEY, MICHAEL</b>	<input type="checkbox"/>
NAME	<b>90 BROAD STREET</b>	
STREET ADDRESS	<b>NEW YORK NY</b>	
CITY-ST-ZIP		
TITLE	<b>T LAWLER, ROBERT J.</b>	<input type="checkbox"/>
NAME	<b>1 HILLSIDE ROAD</b>	
STREET ADDRESS	<b>BRONXVILLE NY</b>	
CITY-ST-ZIP		
TITLE	<b>V PANZER, MELVYN E.</b>	<input type="checkbox"/>
NAME	<b>16 ENSIGN DRIVE</b>	
STREET ADDRESS	<b>MASSAPEQUA NY</b>	
CITY-ST-ZIP		
TITLE	<b>S BALUYO, CATHERINE</b>	<input type="checkbox"/>
NAME	<b>289 HARRISON AVE</b>	
STREET ADDRESS	<b>JERSEY CITY NE</b>	
CITY-ST-ZIP		
TITLE	<b>SV BURKE, BARBARA J</b>	<input type="checkbox"/>
NAME	<b>110 8TH ST</b>	
STREET ADDRESS	<b>SOMERSET NJ</b>	
CITY-ST-ZIP		
TITLE	<b>SV BOSWELL, JOHN</b>	<input type="checkbox"/>
NAME	<b>171 E 83RD ST</b>	
STREET ADDRESS	<b>NEW YORK NY</b>	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Robert J. Lawler* **ROBERT J. LAWLER - EUP 5/17/96** Date: \_\_\_\_\_ Secretary/President: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)