

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:44

DOCUMENT # P34793 (0)
1. Corporation Name
A. G. LICHTENSTEIN & ASSOCIATES, INCORPORATED

Principal Place of Business Mailing Address
COMMERCE POINT 17-10 FAIR LAWN AVE
3511 W. COMMERCIAL BLVD. FAIR LAWN NJ 07410
FT. LAUDERDALE FL 33309 US
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/24/1991	02/25/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		22-1831777	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

MANG, RETT & COLLETTE, P.A.
686 EAST JEFFERSON STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent	
B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	
FL	B5 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULLARO, JOSEPH J.	1.2 NAME	
STREET ADDRESS	886 IRON LATCH ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	FRANKLIN LAKES NJ	1.4 CITY - ST - ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINERVINO, CHARLES M.	2.2 NAME	
STREET ADDRESS	5 CRESTVIEW COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	ROSELAND NJ	2.4 CITY - ST - ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSKOWITZ, DAVID M.	3.2 NAME	
STREET ADDRESS	245 RIVER VALE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	RIVER VALE NJ	3.4 CITY - ST - ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICHTENSTEIN, ABBA G.	4.2 NAME	
	26 TRAFALGAR ROAD	4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(h), 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph J. Pullaro*
 PRINTED NAME AND TYPED FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOSEPH J. PULLARO
 DATE: 1/30/95