

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 # **P39443** (7)

1. Corporation Name
DALTON, GREINER, HARTMAN, MAHER & CO., INC.



Principal Place of Business: **690 FIFTH AVENUE, SUITE 0425 NEW YORK NY 10111**
Mailing Address: **1100 5TH AVENUE SOUTH SUITE 301 NAPLES FL 33940 US** *OK*

3. Date Incorporated or Qualified 06/29/1992	3a. Date of Last Report 01/31/1995
4. FEI Number 13-3567613	Applied For 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 has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 1100 5th Avenue south	2a. Mailing Address
22. Suite, Apt. #, etc. Ste. 301	26. Suite, Apt. #, etc.
23. City & State NAPLES, FL	27. City & State
24. Zip 33940	28. Zip
25. Country U.S.	30. Country

9. Name and Address of Current Registered Agent KEELER, MICHAEL W 1100 5TH AVENUE SOUTH SUITE 301 NAPLES FL 33940	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: *Michael W. Keeler VP* 1/24/96
Signature, typed or printed name of registrant, title and title (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: C	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: DALTON, TIMOTHY		12 NAME:	
STREET ADDRESS: 990 ADMIRALTY PARADE EAST		13 STREET ADDRESS: 1100 5th Avenue South, Ste 301	
CITY, ST, ZIP: NAPLES FL		14 CITY - ST - ZIP: NAPLES, FL 33940	
TITLE: VT	<input type="checkbox"/> DELETE	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: HARTMAN, JAMES F.		22 NAME:	
STREET ADDRESS: 4 LEATHERMAN COURT		23 STREET ADDRESS: 1100 5th Avenue South, Ste 301	
CITY, ST, ZIP: ARMONK NY		24 CITY - ST - ZIP: NAPLES, FL 33940	
TITLE: PS	<input type="checkbox"/> DELETE	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: GREINER, KENNETH J.		32 NAME:	
STREET ADDRESS: 174 ASHAROKEN AVENUE		33 STREET ADDRESS: 1100 5th Avenue, South, Ste 301	
CITY, ST, ZIP: NORTHPORT NY		34 CITY - ST - ZIP: NAPLES, FL 33940	
TITLE: V	<input type="checkbox"/> DELETE	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: MAHER, KEVIN J.		42 NAME:	
STREET ADDRESS: 89 DURAND ROAD		43 STREET ADDRESS: 1100 5th Avenue South Ste 301	
CITY, ST, ZIP: MAPLEWOOD NJ		44 CITY - ST - ZIP: NAPLES, FL 33940	
TITLE: V	<input type="checkbox"/> DELETE	5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: KEELER, MICHAEL W		52 NAME:	
STREET ADDRESS: 20 EUCLID AVENUE		53 STREET ADDRESS: 1100 5th Avenue South, Ste 301	
CITY, ST, ZIP: MAPLEWOOD NJ		54 CITY - ST - ZIP: NAPLES, FL 33940	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY - ST - ZIP:		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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael W. Keeler* 1/24/96 (941) 261-3055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)