

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 286888 (3)

1. Corporation Name
CORE MARKETS, INC.

Principal Place of Business

800 SYLVAN AVE
ENGLEWOOD CLIFFS NJ 07632

Mailing Address

800 SYLVAN AVE
ENGLEWOOD CLIFFS NJ 07632



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/02/1964	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1090160	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 607.0905 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 607.0905, Florida Statutes.

SIGNATURE

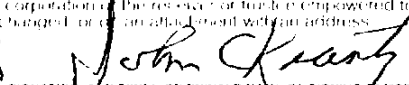
Signature of the person filing this report (if not the registered agent, add)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	DIRECTOR
NAME	PHILLIPS, ROBERT M	12 NAME	
STREET ADDRESS	33 BENEDICT PLACE	13 STREET ADDRESS	
CITY- ST- ZIP	GREENWICH CT 06830	14 CITY- ST- ZIP	
TITLE	VSD	21 TITLE	PRES & TREASURER, DIRECTOR
NAME	KURTZ, MELVIN H	22 NAME	RICK S.W
STREET ADDRESS	33 BENEDICT PLACE	23 STREET ADDRESS	390 PARK AVE
CITY- ST- ZIP	GREENWICH CT 06830	24 CITY- ST- ZIP	NEW YORK, NY 10022
TITLE	AS	31 TITLE	
NAME	LEONARD, KENNETH C	32 NAME	
STREET ADDRESS	33 BENEDICT PLACE	33 STREET ADDRESS	
CITY- ST- ZIP	GREENWICH CT 06830	34 CITY- ST- ZIP	
TITLE	AST	41 TITLE	
NAME	KRANTZ, JOHN	42 NAME	
STREET ADDRESS	800 SYLVAN AVE.	43 STREET ADDRESS	
CITY- ST- ZIP	ENGLEWOOD CLIFFS NJ 07632	44 CITY- ST- ZIP	
TITLE	PTD	51 TITLE	
NAME	LANDRY, MARK	52 NAME	
STREET ADDRESS	33 BENEDICT PLACE	53 STREET ADDRESS	
CITY- ST- ZIP	GREENWICH CT 06830	54 CITY- ST- ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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; 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 in an attachment with an address.

SIGNATURE: 

1/23/98

(201) 871-5563

CR2E034 (10/97)