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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 03 1998 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

500149

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PUBLIC EMPLOYEES EQUITIES SERVICES COMPANY

Principal Place of Business Mailing Address					. 1881A: ÁITH ANN ANN HAN HAN HAN HAN ANN HAN ANN HAN ANN HAN ANN HAN ANN HAN HA	BIBIT BIBIT DIALI BIBIT BIBLI 1041
		P.O. BOX 1800 Tallahassee FL 3	.O. BOX 1800) ALLAHASSEE FL 32302		DO NOT WRITE IN TH	HIS SPACE
					3. Date Incorporated or Qualified	
					03/31/1976	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1657256	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
Name and Address of Current Registered Agent				Name	10. Name and Address of New Register	ed Agent
	EIGER, JAMES W		· ·	Name		
1220 E PARK AVE			E	Street Addr	ress (P.O. Box Number is Not Acceptable)	
IA	LLAHASSE FL 32301		-	13		
	×			۵		
				City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.050 e cist ered agent, or both, in the State	12 and 607.1508, Florida St of Elecida, Such change w	tatutes, the aboves authorized	ove-named corp by the corporal	poration submits this statement for the purposition's board of directors. I hereby accept the	e of changing its registered appointment as 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 registe agent, I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes.						
SIGNATURE		Laner		qu	3123/98	
Signature, typed or printed name of registered agent and title it applicable. (NOTE R 12. OFFICERS AND DIRECTORS			13.	ent signature requir	red when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITU	E	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME	GEIGER, JAMES W		1.2 NAM			
STREET ADDRESS	1220 EAST PARK AVENUE			ET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301			-ST-ZIP		
TITLE	CD	DELETE	2.1 1110			☐ Change ☐ Addition
NAME	TORNILLO, PAT L		2.2 NAM	iE		•
STREET ADORESS	118 NORTH MONROE ST.		2.3 STRI	EET ADORESS		
CITY-ST-ŽIP	TALLAHASSEE FL 32301		2. 4 CIT	Y-ST-ZIP		
TITLE	CD	DELETE	3.1 T(TL)			Change Addition
NAME	Praslick, gail f		3.2 NAM	E		!
STREET ADDRESS	ONE MADISON AVE			et address	·	
CITY-ST-ZIP	NEW YORK NY 10010		3.4. CIT	Y-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITU			Change Addition
NAME	SCHEITLIN, ALEXANDER G		4. 2 NAN	AE		•
STREET ADDRESS	ONE MADISON AVE		4.3 STRI	EET ADDRESS		
CITY - ST - ZIP	NEW YORK NY 10010		4.4 CITY	-ST-ZIP		
TITLE	\$D	☐ DELETE	5.1 TITL	:		Change Addition
NAME	MANDEL, RICHARD R G			E		
STREET ADDRESS	ONE MADISON AVE		53 STAI	et address		,
CITY-ST-ZIP	NEW YORK NY 10010		5.4 City	-ST-ZIP		
TITLE	.0	☐ DELETE	6.1 TITL	-] -		☐ Change ☐ Addition
NAME	LEE, ROBERT F		6.2 NAM	E		
STREET ADDRESS	118 NORTH MONROE ST.		6.3 STR	ET AODRESS		
CITY-ST-ZiP	TALLAHASSEE FL 32301		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.