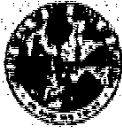


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **824827** (0)
1. Corporation Name
MONY CREDIT CORPORATION

Principal Place of Business Mailing Address
500 FRANK W. BURR BLVD **500 FRANK W. BURR BLVD**
M. D. 73-12 **M. C. 73-12**
TEANECK NJ 07666 **TEANECK NJ 07666**
US **US**

3. Date Incorporated or Qualified **07/17/1970** 3a. Date of Last Report **06/29/1994**
4. FEI Number **13-2662263** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
7. Trust Fund Contribution
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
FELTMAN, JOHN
VENTURE CORPORATE CENTER, STE 450
200 S PARK ROAD
HOLLYWOOD FL 33021

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 title if applicable. (NOTE: Registered Agent signature required when constituting)

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	SHALACK, THEODORE	1.2 NAME	
STREET ADDRESS	20 KINGSLEY DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLISHTOWN NJ	1.4 CITY - ST - ZIP	
TITLE	VPT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEGEL, DAVID V.	2.2 NAME	
STREET ADDRESS	40 EVERDELL AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	HILLSDALE NJ	2.4 CITY - ST - ZIP	
TITLE	VSCD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWFIELD, MARK L	3.2 NAME	
STREET ADDRESS	6 DOVER LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	OLD BETHPAGE NY	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDFORD, WILLIAM H	4.2 NAME	
STREET ADDRESS	35 POPLAR PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PORT WASHINGTON NY	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBERG, PHILLIP A.	5.2 NAME	
STREET ADDRESS	216 SOLLAS COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	RIDGEWOOD NJ	5.4 CITY - ST - ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, JOHN P.	6.2 NAME	
STREET ADDRESS	4 WORCHESTER LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	PRINCETON NJ	6.4 CITY - ST - ZIP	

VP Keller John P.
570 North Ave, Apt. A
Fort Lee, NJ 07024

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)(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 sole owner or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached page with an address.

SIGNATURE: **MARK L. NEWFIELD** 4/21/95 (212) 708-2328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Mailing Address)