

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



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

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **07/17/1970**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **13-2662263**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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 (81-85)  
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 of Registered Agent (Print Name and Title) Signature of Registered Agent (Print Name and Title)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PO</b>	NAME: <b>SHALACK, THEODORE</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>20 KINGSLEY DRIVE</b>		12 NAME	
CITY, ST, ZIP: <b>ENGLISHTOWN NJ</b>	<input type="checkbox"/> DELETE	13 STREET ADDRESS	
TITLE: <b>VPT</b>	NAME: <b>WEIGEL, DAVID V.</b>	14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>40 EVERDELL AVENUE</b>		21 TITLE	
CITY, ST, ZIP: <b>HILLSDALE NJ</b>	<input type="checkbox"/> DELETE	22 NAME	
TITLE: <b>VSCD</b>	NAME: <b>NEWFIELD, MARK L.</b>	23 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>6 DOVER LANE</b>		24 CITY, ST, ZIP	
CITY, ST, ZIP: <b>OLD BETHPAGE NY</b>	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b>	NAME: <b>SIDFORD, WILLIAM H.</b>	32 NAME	
STREET ADDRESS: <b>35 POPLAR PLACE</b>		33 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP: <b>PORT WASHINGTON NY</b>	<input type="checkbox"/> DELETE	34 CITY, ST, ZIP	
TITLE: <b>VP</b>	NAME: <b>EISENBERG, PHILLIP A.</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>216 SOLLAS COURT</b>		42 NAME	
CITY, ST, ZIP: <b>RIDGEWOOD NJ</b>	<input type="checkbox"/> DELETE	43 STREET ADDRESS	
TITLE: <b>VP</b>	NAME: <b>KELLER, JOHN P.</b>	44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>570 NORTH AVE., APT. A</b>		51 TITLE	
CITY, ST, ZIP: <b>FORT LEE NJ</b>	<input type="checkbox"/> DELETE	52 NAME	
		53 STREET ADDRESS	
		54 CITY, ST, ZIP	
		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY, ST, ZIP	

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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 as appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DAVID WEIGEL** 1/22/96 (22) 708-2328  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone #)

CR2E034 (12/95)