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**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 07666-6602 US
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3. Date Incorporated or Qualified 07/17/1970	3a. Date of Last Report 02/21/1996
4. FEI Number 13-2662263	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. # etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	SHALACK, THEODORE
STREET ADDRESS	20 KINGSLEY DRIVE
CITY-ST-ZIP	ENGLISHTOWN NJ
TITLE	VPT <input type="checkbox"/> DELETE
NAME	WEIGEL, DAVID V.
STREET ADDRESS	40 EVERDELL AVENUE
CITY-ST-ZIP	HILLSDALE NJ
TITLE	VSCD <input type="checkbox"/> DELETE
NAME	NEWFIELD, MARK L
STREET ADDRESS	6 DOVER LANE
CITY-ST-ZIP	OLD BETHPAGE NY
TITLE	D <input type="checkbox"/> DELETE
NAME	SIDFORD, WILLIAM H
STREET ADDRESS	35 POPLAR PLACE
CITY-ST-ZIP	PORT WASHINGTON NY
TITLE	VP <input type="checkbox"/> DELETE
NAME	EISENBERG, PHILLIP A.
STREET ADDRESS	216 SOLLAS COURT
CITY-ST-ZIP	RIDGEWOOD NJ
TITLE	VP <input type="checkbox"/> DELETE
NAME	KELLER, JOHN P.
STREET ADDRESS	570 NORTH AVE., APT. A
CITY-ST-ZIP	FORT LEE NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: DAVID Weigel 4/19/97 212-708-2326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)