FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **837905** **(9)**

1. Corporation Name

MELHADO, FLYNN & ASSOCIATES, INC.

800001471578
-05/02/95--01136--021
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
530 FIFTH AVENUE NEW YORK NY 10036-5101	530 FIFTH AVENUE NEW YORK NY 10036-5101

3. Date Incorporated or Qualified: 02/23/1977
3a. Date of Last Report: 08/31/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 13-2876249 ☐ Applied For ☐ Not Applicable

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

CT CORPORATION SYSTEM
1200 S. 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 607.0502 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	11 TITLE	☐ Change ☐ Addition
NAME	MOTZ, GEORGE M.	12 NAME	
STREET ADDRESS	BAYVIEW DR.	13 STREET ADDRESS	
CITY-ST-ZIP	QUOGUE NY 11959	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	FLYNN, PIERCE J.	22 NAME	
STREET ADDRESS	14 FOREST LANE	23 STREET ADDRESS	
CITY-ST-ZIP	SCARSDALE NY 10583	24 CITY-ST-ZIP	
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	MELHADO, FREDERICK A.	32 NAME	
STREET ADDRESS	720 PARK AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, DENNIS C.	42 NAME	
STREET ADDRESS	11 LAKE DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD NJ 07675	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☒ Change ☐ Addition
NAME	JEWETT, HENRY M.	52 NAME	
STREET ADDRESS	45 BANK STREET	53 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT 00640	54 CITY-ST-ZIP	NEW CANAAN CT 06840
TITLE	V	61 TITLE	☒ Change ☐ Addition
NAME	ROE, WILLIAM G.	62 NAME	
STREET ADDRESS	WINDY KNOLL FARM	63 STREET ADDRESS	49 WINDY KNOLL FARM
CITY-ST-ZIP	BLUFFTON SC 19910	64 CITY-ST-ZIP	BLUFFTON SC. 29910

6/1/95 MSF

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)(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 asterisk.

SIGNATURE: George M. Motz 4/21/95 212/764-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0396410 FP