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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 837905 (9)

1. Corporation Name
MELHADO, FLYNN & ASSOCIATES, INC.

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

Mailing Address
530 FIFTH AVENUE
NEW YORK NY 10036-5101



3. Date Incorporated or Qualified
02/23/1977

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MOTZ, GEORGE M.	
STREET ADDRESS	BAYVIEW DR.	
CITY- ST- ZIP	QUOGUE NY 11959	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLYNN, PIERCE J.	
STREET ADDRESS	14 FOREST LANE	
CITY- ST- ZIP	SCARSDALE NY 10583	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MELHADO, FREDERICK A.	
STREET ADDRESS	720 PARK AVE.	
CITY- ST- ZIP	NEW YORK NY 10021	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOFFMAN, DENNIS C.	
STREET ADDRESS	11 LAKE DRIVE	
CITY- ST- ZIP	WESTWOOD NJ 07675	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JEWETT, HENRY M.	
STREET ADDRESS	45 BANK STREET	
CITY- ST- ZIP	NEW CANAAN CT 00840	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROE, WILLIAM G.	
STREET ADDRESS	49 WINDY KNOLL FARM	
CITY- ST- ZIP	BLUFFTON SC 29910	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97

212-764-3600

CR2E034 (9/96)