

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/23/1977 4. FEI Number 13-2876249 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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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 85 Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTZ, GEORGE M.	1.2 NAME	
STREET ADDRESS	BAYVIEW DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	QUOGUE NY 11959	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, PIERCE J.	2.2 NAME	
STREET ADDRESS	14 FOREST LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCARSDALE NY 10583	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELHADO, FREDERICK A.	3.2 NAME	
STREET ADDRESS	720 PARK AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, DENNIS C.	4.2 NAME	
STREET ADDRESS	11 LAKE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD NJ 07675	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEWETT, HENRY M.	5.2 NAME	
STREET ADDRESS	45 BANK STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT 00840	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROE, WILLIAM G.	6.2 NAME	
STREET ADDRESS	49 WINDY KNOLL FARM	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLUFFTON SC 29910	6.4 CITY-ST-ZIP	

14. I 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:  212-764-3642

CR2E034 (10/97)