

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **841715** (6)  
1. Corporation Name  
**TILDEN FINANCIAL CORP.**

Principal Place of Business <b>190 MOTOR PARKWAY HAUPPAUGE NY 11788</b>	Mailing Address <b>DEPT. 8109 260 LONG RIDGE RD. STAMFORD CT 06927-9621</b>
--	--



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 <b>10/25/1978</b>	4. FEI Number <b>11-6031467</b> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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 the registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ATT	<input type="checkbox"/> DELETE
NAME	SCHULMAN, GARY J	
STREET ADDRESS	260 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FANTAUZZI, ANTHONY	
STREET ADDRESS	C/O WALTER RABIN, 108 FREDERICK STREET	
CITY-ST-ZIP	OCEANSIDE NY	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KANTOR, ROBERT	
STREET ADDRESS	C/O WALTER RABIN, 108 FREDERICK STREET	
CITY-ST-ZIP	OCEANSIDE NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RABIN, WALTER	
STREET ADDRESS	108 FREDERICK STREET	
CITY-ST-ZIP	OCEANSIDE NY	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	ILLICH, RICHARD	
STREET ADDRESS	C/O WALTER RABIN, 108 FREDERICK STREET	
CITY-ST-ZIP	OCEANSIDE NY	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	PERETTINE, ANTHONY	
STREET ADDRESS	C/O WALTER RABIN, 108 FREDERICK STREET	
CITY-ST-ZIP	OCEANSIDE NY	

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 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.

CR2E034 (10/97)