

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 851107 (3)

1. Corporation Name

DOMINICK & DOMINICK, INCORPORATED



Principal Place of Business

Mailing Address

~~30 BROAD STREET~~  
~~NEW YORK NY 10004~~

~~30 BROAD STREET~~  
~~NEW YORK NY 10004~~

2. Principal Place of Business

2a. Mailing Address

21 Financial Square, 32 Old  
Suite, Apt. #, etc.

26 Financial Square 32 Old Slip  
Suite, Apt. #, etc.

22 Slip, 34th Floor

27 34th Floor

City & State

City & State

23 New York, New York

28 New York, New York

Zip Country

Zip Country

24 10005

25 USA

29 10005

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/25/1981

3a. Date of Last Report

09/26/1995

4. FEI Number

13-2869428

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVPD  
NOSWORTHY, ROBERT L.  
90 BROAD ST.  
NEW YORK NY ☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Vice Chairman  
Henry Glanternik  
Financial Square, 32 Old Slip  
New York, New York 10005 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVPD  
MORGANTE, PAUL L.  
90 BROAD ST  
NEW YORK NY ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Financial Square, 32 Old Slip  
New York, New York 10005 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVPS  
KENNEDY, PAUL L.  
90 BROAD ST.  
NEW YORK NY ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Financial Square, 32 Old Slip  
New York, New York 10005 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVPD  
MEEHAN, JOHN B.  
90 BROAD ST.  
NEW YORK NY ☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Senior Vice President  
Roseann Tagnani-Cook  
Financial Square, 32 Old Slip  
New York, New York 10005 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVPD  
SWEENEY, BRADLEY  
90 BROAD ST  
NEW YORK NY ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Financial Square, 32 Old Slip  
New York, New York 10005 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Senior Vice President  
Robert M. Hladek  
Financial Square, 32 Old Slip  
New York, New York 10005 ☐ Change ☒ Addition

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

*Robert M. Hladek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Hladek

01/29/96

(212) 558-8800

Date

Daytime Phone #

CR2E034 (12/95)