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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	996	DIVISION OF	CORPORATIONS		
DOCUM		47 (4)			
,	NK OF NEW YORK, INC	•			
1112 57					
Principal Place o	of Business	Mailing Address			011 F061 01011 01011 0F011 0F371 01011 01011 1601
48 WALL STREET		48 WALL ST			
NEW YORK N	Y 10005	16TH FLOOR NEW YORK NY 10286		Date Incorporated or Qualified	3a. Date of Last Report
		U\$		03/24/1982	02/03/1995
. Principal Plac	ce of Business	2a. Mailing Address		4, FEI Number	Applied For Not Applicable
Suite, Apt. #,	, etc	Suite, Apt. #, etc.		13-5160382	S8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
3  	Country	Zip	Country	8. This corporation has liability for	or intangible tax under s. 199.032,
<u> </u>	25	[29]	30	Florida Statutes Ye	
	9. Name and Address of Curr	ent negistered Agent	81 Name		Tropietore Agont
CT COR	PORATION SYSTEM		82 Stree	t Address (P.O. Box Number is Not Accept	able)
	PINE ISLAND ROAD		83		
PLANTAT	ΠON FL 33324				
			84 City		FL 85 Zip Code
or registere Framiliar with SIGNATURE	d agent, or both, in the State of Fi , and accept the obligations of, Se	orida. Such change was authorize ection 607.0505, Florida Statutes	ed by the corporation	corporation submits this statement for the p s board of directors. I hereby accept the ap	opointment as registered agent. I am
	Signature. Type flor protest hallie of registered ag OFFICERS. I	gent and tire if ayolecable (NO AND DIRECTORS	Tt: Registered Agent signatur		DATE FFICERS AND DIRECTORS IN 12
12. <b>"</b> HILE	VPS	D, DELETE	1 1 THTLE	D	Change 🚺 Addition
VAME	MCSWIGGAN, JACQUELIN	IE R.	1.2 NAME	BARTH, RICHARD 48 WALL ST-16th FLO	uR
STREET ADDRESS	48 WALL STREET NEW YORK NY		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	NEW YORK, N.Y. 10281	
TILE	CD	DELETE	2 1 TITLE	1,	Change Addition
MAME	BACOT, J CARTER 48 WALL STREET		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS DITY+ST+ZIP	NEW YORK NY		2 4 CITY - ST - ZIP		ed Sement
III LE	PD	☐ DELETE	3 1 TITLE	VPC/D -03/18/36-0	1133133 harline
JMAN	GRIFFITH, ALAN R.		3.2 NAME 3.3 STREET ADDRES	****200.00	
STREET ADDRESS CITY: ST-ZIP	48 WALL STREET NEW YORK NY		3.4 CHTY - ST ZIP	5	
11.1	SEV	DELFIE	4 1 Trīlē		☐ Change ☐ Addition
NAME	PAPAGEORGE, DENO D.		4 2 NAME		
STREET ADORESS	48 WALL STREET NEW YORK NY	•	4.3 STREET ADDRES	3	
DILY ST-ZIE	SVA	<b>Y</b> , DELETE	5 1 TITLE	VP	Change (1) Addition
VAME	GOEBERT, ROBERT J.		5.2 NAME	LEARY, JOSEPH F. 18 WALL ST-16th FL	_
STREET ADDRESS	48 WALL STREET NEW YORK NY	å	5.3 STREET ADDRES 5.4 CITY-ST-ZIP	NEW YORK, N.V. I	0286
COLY ST ZIP Tile	SVC	DELETE	6 1 TITLE	PID	Change Add-tion
NAME	KEILMAN, ROBERT E.		62 NAME	RENYI, THOMAS A.	_
STREET ADDRESS	48 WALL STREET		6 3 STREET ADORES	MEN YORK, NEW YOR	× 102810 E
01'Y \$1-7t <sup>a</sup> ] <b>14.</b> Edo heratiy	NEW YORK NY certify that the information supplied	ed with this filing is voluntarily furn	64 CITY-SI-ZIP iished and does not c	ualify for the exemption stated in Section 1:	19.07(3)(k). Florida Statutes. I furthe
				accurate and that my signature shall have t oute this report as required by Chapter 607,	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR

812-495-1881