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 # F92000000131 (4)

1. Corporation Name

THE MEDLEY GROUP, INC.

Principal Place of Business	Mailing Address
5355 TOWN CTR RD STE 1004 BOCA RATON FL 33486 US	5355 TOWN CTR RD STE 1004 BOCA RATON FL 33486 US

3. Date Incorporated or Qualified: 11/06/1992
3a. Date of Last Report: 08/09/1995

2. Principal Place of Business
21 10910 NW SOUTH RIVER DRIVE
Suite, Apt. #, etc.
22
City & State
23 MIAMI, FL
Zip 24 33178 Country 25

2a. Mailing Address
26 10910 NW SOUTH RIVER DRIVE
Suite, Apt. #, etc.
27
City & State
28 MIAMI, FL
Zip 29 33178 Country 30

4. FEI Number: 65-0366464 ☐ 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**

ROSEN EVE
6700 N ANDREWS AVE
CYPRESS PARK WEST #407
FT LAUDERDALE FL 33309

10. **Name and Address of New Registered Agent**

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

TITLE	PD	☐ DELETE
NAME	PRESS, ROBERT D	
STREET ADDRESS	5935 N.W. 99TH WAY	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE	V	☒ DELETE
NAME	SCHREIBER, ALYCE B	
STREET ADDRESS	5637 PACIFIC BLVD #2912	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	☐ DELETE
NAME	EDELSON, STEVEN L	
STREET ADDRESS	8702 COLONIAL ROAD	
CITY-ST-ZIP	BROOKLYN NY 11209	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 if changed, or on an attachment with an address.

SIGNATURE: Robert Press
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #