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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

10910 NW SOUTH RIVER DR  
STE 1004  
MIAMI FL 33178  
US

Mailing Address

10910 NW SOUTH RIVER DRIVE  
STE 1004  
MIAMI FL 33178-1131  
US

3. Date Incorporated or Qualified  
11/06/1992

3a. Date of Last Report  
05/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

10. Name and Address of New Registered Agent

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

EVE ROSEN, ESQ  
33 NE 2ND STREET  
FT. LAUDERDALE, FL  
33301

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  
NAME PRESS, ROBERT D  
STREET ADDRESS 5935 N.W. 99TH WAY  
CITY - ST - ZIP PARKLAND FL 33078

TITLE SD  
NAME EDELSON, STEVEN L  
STREET ADDRESS 8702 COLONIAL ROAD  
CITY - ST - ZIP BROOKLYN NY 11209

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD/Treasurer  
1.2 NAME PRESS, Robert D  
1.3 STREET ADDRESS 1000 W. Williams Island Blvd #252  
1.4 CITY - ST - ZIP N. Miami Beach, FL 33160

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE V.P. / Asst Sec  
3.2 NAME ALYCE SCHREIBER  
3.3 STREET ADDRESS 244 THREE ISLANDS BLVD #307  
3.4 CITY - ST - ZIP Hallandale, FL 33009

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)