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FILED

May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1992

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1100 Ponce De Leon Blvd

Suite, Apt. #, etc.

22

City & State

23 CORAL GABLES FL

Zip

24 33134

Country

25 DADE

2a. Mailing Address

26 P.O. Box 144257

Suite, Apt. #, etc.

27

City & State

28 Coral Gables, FL

Zip

29 33114-4257

Country

30 DADE

9. Name and Address of Current Registered Agent

ROSEN EYE
33 NE 2ND ST
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 HAYNARD HELLMAN, ESQ.

83 Street Address (P.O. Box Number is Not Acceptable)

1100 Ponce De Leon Blvd

84

City

CORAL GABLES

FL

85 Zip Code

33134

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 of 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

4-16-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PDt PRESS, ROBERT
STREET ADDRESS 1000 WILLIAMS ISLAND BLVD #250
CITY-ST-ZIP PARKLAND FL

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME VPAS SCHREIBER, ALYCE
STREET ADDRESS 244 THREE ISLAND BLVD #307
CITY-ST-ZIP HALLANDALE FL

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 PDt PRESS, ROBERT D
1.3 STREET ADDRESS 3000 Island Blvd, #1603
1.4 CITY-ST-ZIP North Miami Beach, FL 33160

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 VP AND SECRETARY
3.3 STREET ADDRESS SCHREIBER, ALYCE
3.4 CITY-ST-ZIP 2500 Parkview Drive, #315
HALLANDALE, FL 33009

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

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.

SIGNATURE: Alyce Schreiber, V.P. Alyce Schreiber 4-27-98 305-448-6002

CR2E034 (10/97)