FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:36

DOCUMENT # F93000003005 (6)

1. Corporation Name
INDEPENDENT FINANCIAL MARKETING GROUP, INC.

Principal Place of Business	Mailing Address
244 WESTCHESTER AVE. WHITE PLAINS NY 10604	244 WESTCHESTER AVE. WHITE PLAINS NY 10604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1993	3a. Date of Last Report: 04/11/1994
4. FEI Number: 13-3585648	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE 108
TALLAHASSEE FL 32301

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 607.1509, 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 _____ DATE
(If changing Registered Office) (If changing Registered Agent) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	C/D	☒ Change ☐ Add
NAME	KAPLAN, DENIS	12 NAME		
STREET ADDRESS	309 BLACKBERRY DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06903	14 CITY-ST-ZIP		
TITLE	COD	21 TITLE		☐ Change ☐ Add
NAME	RUSHOVICH, DENNIS	22 NAME		
STREET ADDRESS	56 GREENS CIRCLE	23 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE		☒ Change ☐ Add
NAME	MICKENBERG, CLIFF	32 NAME		
STREET ADDRESS	38 MAYWOOD ROAD	33 STREET ADDRESS	7 Evans Place	
CITY-ST-ZIP	NEW ROCHELLE NY 10804	34 CITY-ST-ZIP	Armonk, NY 10504	
TITLE	VD	41 TITLE	P/D	☒ Change ☐ Add
NAME	HALVORSON, RODERICK J	42 NAME		
STREET ADDRESS	100 GLENBROOK ROAD, #28	43 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06902	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Add
NAME	HENDRICKSON, ROSEMARY J	52 NAME		
STREET ADDRESS	66 GLENBROOK RD, #4111	53 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Add
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: Clifford Mickenberg 3/9/95 (914) 997-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0479455 FP