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Mar 11 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 # F93000004169 (9)

1. Corporation Name  
INDEPENDENT FINANCIAL SECURITIES, INC.



Principal Place of Business  
244 WESTCHESTER AVENUE  
WHITE PLAINS NY 10604

Mailing Address  
244 WESTCHESTER AVENUE  
WHITE PLAINS NY 10604-2900

3. Date Incorporated or Qualified  
09/14/1993

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 100 MANHATTANVILLE RD.

Suite, Apt. #, etc.

22 City & State  
PURCHASE, NY

23 Zip  
10577

Country

2a. Mailing Address

26 100 MANHATTANVILLE RD.

Suite, Apt. #, etc.

27 City & State  
PURCHASE, NY

28 Zip  
10577

Country

4. FEI Number

13-3221027

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST  
STE 105  
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 607.1508, 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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

P  
RIPEPI, BRUCE F.  
1800 GRAND AVE., APT. B-4  
BALDWIN NY

TITLE NAME STREET ADDRESS CITY- ST- ZIP

S  
MICKENBERG, CLIFFORD  
7 EVANS PLACE  
ARMONK NY

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DCFO  
RUSHOVICH, DENNIS  
56 GREENS CIRCLE  
STAMFORD CT

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D  
KAPLAN, DENIS  
309 BLACKBERRY DRIVE  
STAMFORD CT 06903

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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP

63 AMSTERDAM AVE.  
HAUTHORNE, NY 10532

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

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP

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)