

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

**APPROVED
AND
FILED**

95 APR 28 PM 3:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F93000004533 (6)

1. Corporation Name

EHRENKRANTZ KING NUSSBAUM, INC.

Principal Place of Business

**635 MADISON AVENUE
8TH FLOOR
NEW YORK NY 10022**

Mailing Address

**635 MADISON AVENUE
8TH FLOOR
NEW YORK NY 10022**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/04/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

13-3335342

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

21 598 Madison Ave.

Suite, Apt. #, etc.

22 14th Floor

City & State

23 New York, New York

Zip

24 10022

Country

25 U.S.A.

2a. Mailing Address

26 598 Madison Ave.

Suite, Apt. #, etc.

27 14th Floor

City & State

28 New York, New York

Zip

29 10022

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**HENRY, THOMAS C
6899 N. FEDERAL HIGHWAY
BOCA RATON FL 33487**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	EHRENKRANTZ, LOUIS
STREET ADDRESS	635 MADISON AVENUE
CITY - ST - ZIP	NEW YORK NY
TITLE	CST
NAME	KING, JOAN
STREET ADDRESS	635 MADISON AVENUE
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	NUSSBAUM, IRWIN
STREET ADDRESS	635 MADISON AVENUE
CITY - ST - ZIP	NEW YORK NY
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	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	598 Madison Avenue
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	598 Madison Avenue
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	598 Madison Avenue
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	

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 110.07(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:

Joan King

4/24/95 1-800 867-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number