## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## F9400001730 (0) DOCUMENT #

## **FILED** Jan 15 1998 8:00am Secretary of State

FIRST FISCAL FUND CORP. Principal Place of Business Mailing Address P.O. BOX 40 P.O. BOX 40 WESTBURY NY 11590 WESTBURY NY 11590 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/05/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 13-6567334 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LINKER, ALLEN 160 SOUTH UNIVERSITY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE F PLANTATION FL 33324 83 84 City 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 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PCD ☐ DELETE 1.1 TITLE Change Addition REICHER, IRWIN NAME 1.2 NAME 888 7TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY** CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE ☐ DELETE 2.1 TITLE Change Addition SCHECTER, MARTIN NAME 2.2 NAME STREET ADDRESS 888 7TH AVENUE 2.3 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 2. 4 CITY - ST- ZIP TITLE DELETE 3.1 TITLE Change Addition KADISH, LAWRENCE NAME 32 NAME 888 7TH AVENUE STREET ADDRESS 3.3 STREET ADDRESS NEW YORK NY CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition 4.1 TITLE NAME ALTADONTU, GRACE 4. 2 NAME 888 7TH AVENUE STREET ADDRESS 4.3 STREET ADDRESS **NEW YORK NY** CiTY-ST-ZIP 4.4 CITY - ST-ZIP ☐ DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certily that the information supplied with this filling 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:

198 954-916-9177