


FILE NO. FILING FEE AFTER MAY 1ST IS \$552.00

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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90037 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000004178					
1. Corporation Name CASHIN ASSOCIATES, P.C.					
Principal Place of Business 1200 VETERANS MEMORIAL HWY. HAUPPAUGE NY 11788			Mailing Address 1200 VETERANS MEMORIAL HWY. HAUPPAUGE NY 11788		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		
3. Date Incorporated or Qualified 08/11/1994			4. FEI Number 11-2325811		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
9. Name and Address of Current Registered Agent SHIFMAN, KENNETH 601 BRICKELL KEY DR. SUITE 606 MIAMI FL 33131			10. Name and Address of New Registered Agent 81 Name Carlos F. Carrillo 82 Street Address (P.O. Box Number is Not Acceptable) 601 Brickell Key Drive 83 Suite 606 84 City Miami FL 85 Zip Code 33131		
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 <i>[Signature]</i> DATE 3/22/99					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	ANGIOLA, ALFRED				
STREET ADDRESS	3 FLOWER HILL CT.				
CITY-ST-ZIP	HUNTINGTON NY 11743				
TITLE	STO	<input type="checkbox"/> DELETE			
NAME	CASHIN, FRANCIS J				
STREET ADDRESS	202 DERBY ST.				
CITY-ST-ZIP	EAST WILLISTON NY 11596				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	RIBAUDO, FRANCIS D				
STREET ADDRESS	3 WESTWOOD CT.				
CITY-ST-ZIP	LAKE RONKONKOMA NY 11779				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

91634871000

Date

Daytime Phone #

CR2E034 (11/98)