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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # **F94000005194 (5)**

1. Corporation Name

COLEMAN AND COMPANY SECURITIES, INC.

Principal Place of Business

666 FIFTH AVENUE
23RD FLOOR
NEW YORK NY 10103
US

Mailing Address

666 FIFTH AVENUE
23RD FLOOR
NEW YORK NY 10103-2399
US

3. Date Incorporated or Qualified
10/06/19943a. Date of Last Report
04/09/1996

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

4. FEI Number
13-3722027Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUTENSKY, JAN D
13000 SAWGRASS VILLAGE CIRCLE SUITE 34
PONTE VEDRA BEACH FL 32082

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 of person or persons who prepared report and filled in applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	BORUCHOFF, LEO H	3530 HENRY HUDSON PKWY.	RIVERDALE NY 10463	<input checked="" type="checkbox"/>
V	JEDRLINIC, JAMES A	40 ROBBINS AVE	BABYLON NY	<input checked="" type="checkbox"/>
DTV	DI MURO, ROBERT	60 SEMINOLE AVE.	ROCKAWAY NJ 07866	<input checked="" type="checkbox"/>
P	YORKE, A. JONES	30 EAST 72ND STREET	NY NY	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	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
C	EHUSD J. LASKA	COLEMAN, 666 FIFTH AVENUE	NEW YORK, NY 10103	Vice Chairman	BENJAMIN J. DOUEK	COLEMAN, 666 FIFTH AVENUE	NEW YORK, NY 10103	D	SIMON HERSON	INTERBANK, 630 FIFTH AVENUE	NEW YORK, NEW YORK 10111	Senior Vice President	GLORIA SCHEIMAN	COLEMAN, 666 FIFTH AVENUE	NEW YORK, NY 10103								

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 included 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:

Gloria Scheiman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gloria Scheiman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97 212-262-1414
Date Daytime Phone

0006492

CR2E034 (9/96)