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FILED  
Apr 10 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 # F96000000424 (9)

1. Corporation Name  
CHRISTIAN, KLEIN AND COGBURN, INC.



Principal Place of Business  
50 BRAND ST., #637  
NEW YORK NY 10004

Mailing Address  
50 BRAND ST., #637  
NEW YORK NY 10004-2307

3. Date Incorporated or Qualified  
01/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip 30 Country

4. FEI Number  
33-0247240

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

10. Name and Address of New Registered Agent

CITRON, JEFFREY  
7801 E. TREASURE DR., #2301  
NORTH BAY VILLAGE FL 33141

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 named as registered agent and if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC  DELETE  
NAME CITRON, JEFFREY A  
STREET ADDRESS 7801 E. TREASURE DR., #2301  
CITY - ST - ZIP NORTH BAY VILLAGE FL 33141

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 820 LINDEN LANE  
1.4 CITY - ST - ZIP BRIELLE NJ 08730

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

4/1/97  
Date

Daytime Phone # 0004888

CR034 (9/96)