

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001013 (9)**

1. Corporation Name

CURRAN & CONNORS, INC.

Principal Place of Business

**333 MARCUS BLVD.
HAUPPAUGE NY 11788**

Mailing Address

**333 MARCUS BLVD.
HAUPPAUGE NY 11788**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/27/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		11-2101322		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P D	<input type="checkbox"/> DELETE		1.1 TITLE	C	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GREENBERG, SCOTT L			1.2 NAME	Morris, Hank		
STREET ADDRESS	333 MARCUS BLVD			1.3 STREET ADDRESS	333 Marcus Boulevard		
CITY-ST-ZIP	HAUPPAUGE NY			1.4 CITY-ST-ZIP	Hauppauge, NY 11788	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	S	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D		
NAME	WICHERT, EDITH			2.2 NAME	Del Giudice, Michael		
STREET ADDRESS	333 MARCUS BLVD			2.3 STREET ADDRESS	333 Marcus Boulevard		
CITY-ST-ZIP	HAUPPAUGE NY			2.4 CITY-ST-ZIP	Hauppauge, NY 11788	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D		
NAME	CONNORS, DENIS J			3.2 NAME	Galasso, Ralph		
STREET ADDRESS	333 MARCUS BLVD			3.3 STREET ADDRESS	333 Marcus Boulevard		
CITY-ST-ZIP	HAUPPAUGE NY			3.4 CITY-ST-ZIP	Hauppauge, NY 11788	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D		
NAME	FINNERTY, JOHN P			4.2 NAME	Lampen, Richard		
STREET ADDRESS	333 MARCUS BLVD			4.3 STREET ADDRESS	333 Marcus Boulevard		
CITY-ST-ZIP	HAUPPAUGE NY			4.4 CITY-ST-ZIP	Hauppauge, NY 11788	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D		
NAME	PALLESCHI, RALPH P			5.2 NAME	Suskind, Dennis		
STREET ADDRESS	333 MARCUS BLVD			5.3 STREET ADDRESS	333 Marcus Boulevard		
CITY-ST-ZIP	HAUPPAUGE NY			5.4 CITY-ST-ZIP	Hauppauge, NY 11788	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE		<input checked="" type="checkbox"/> DELETE		6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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:

CR2E034 (4/97)