

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 08 1997 8:00am
Secretary of State

DOCUMENT # **F96000003829 (6)**

1. Corporation Name
REPUBLIC INVESTMENT SERVICES CORP.



Principal Place of Business

**452 FIFTH AVE.
NEW YORK NY 10018**

Mailing Address

**452 FIFTH AVE.
NEW YORK NY 10018**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21		26	10 EAST 40th ST
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	10th FL
City & State		City & State	
23		28	New York, N.Y.
Zip	Country	Zip	Country
24		29	10016
		30	USA

3. Date Incorporated or Qualified 07/24/1996	3a. Date of Last Report
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

TITLE	DC	<input type="checkbox"/> DELETE
NAME	DEPAOLO, JOSEPH	
STREET ADDRESS	452 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	DCFO	<input type="checkbox"/> DELETE
NAME	BAGATELLE, DAVID	
STREET ADDRESS	452 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	LOGATTO, JAMES R	
STREET ADDRESS	452 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MOSES, NANCY	
STREET ADDRESS	452 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	PIRRAGLIA, JOHN D	
STREET ADDRESS	452 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROZZI, MATTHEW	
STREET ADDRESS	452 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10018	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Chief Compliance Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Catherine M. Shipley-Burns
1.3 STREET ADDRESS	452 Fifth Ave.
1.4 CITY-ST-ZIP	New York, NY 10018
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 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:

John D. Pirraglia **JOHN D. PIRRAGLIA**

8/15/97

CP2E034 (4/97)