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FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000003829 (6)**

1. Corporation Name
REPUBLIC INVESTMENT SERVICES CORP.



Principal Place of Business

Mailing Address

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

**10 EAST 40TH ST 10TH FL
NEW YORK NY 10016
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, type or printed name of registered agent and date of appointment

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	CCO	<input type="checkbox"/> DELETE
NAME	SHIPLEY-BURNS, CATHERINE M	
STREET ADDRESS	452 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DCEO	<input checked="" 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	

1.1 TITLE	DCFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ERIC HOWELL	
1.3 STREET ADDRESS	452 FIFTH AVE	
1.4 CITY-ST-ZIP	NEW YORK, N.Y. 10018	
2.1 TITLE	DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BAGATELLE, DAVID	
2.3 STREET ADDRESS	452 FIFTH AVE.	
2.4 CITY-ST-ZIP	NEW YORK, N.Y. 10018	
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.

SIGNATURE *S. Howell* Eric Howell

4/20/98 (202) 555-7777

CR2E034 (10/97)