## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # <b>F97000</b> RD CITRON, INC.	0003035 (9)			
Principal Place of Business Mailing Address			LOCUSTY BOLK FLASS		# (List 88156 and #111 186)
TECH 110 CENTER, 110 BI-COUNTY BOULEVARD FARMINGDALE NY 11735		TECH 110 CENTER. 110 BI-COUNTY BOULEVARD FARMINGDALE NY 11735		DO NOT HIDIT IN THIS	20105
				DO NOT WRITE IN THIS S  3. Date Incorporated or Qualified	SPACE
				06/11/1997	
	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt	#, etc.	Suito, Apt #, etc.		11-2535529	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25	h	30	8. This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year intangible
	g. Name and Address of Current			10. Name and Address of New Registered	Agent
	INBURG, STEVEN A ESQUIRE		81 Name		
8000 PETERS ROAD, SECOND FLOOR			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324			83		<u></u>
			84 City	FL	85 Zip Code
11. Pursuant office or r agent I a	to the provisions of Sections 607,050; egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was a thons of, Section 607.0505, Flor in the first section for the formal statute.	s, the above-named corp uthorized by the corporat rida Statutes.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its registered ointment as registered
	Signature, typed or printed name of registered light		Registered Agent signature requir		
12.	OFFICERS AND	DIRECTORS DILETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12  Change Addition
NAME	CITRON, RICHARD	C) precie	1.1 ISILE 1.2 NAME		C. Cusulas ET Monition
STREET ADDRESS	23 MONTROSE PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELVILLE NY 11747		1.4 CITY-ST-ZIP		
TITLE	TSD	☐ DELETE	2 1 TITLE		Change Addition
NAME	CITRON, JEANMARIE		2.2 NAME		
STREET ADDRESS	23 MONTROSE PLACE MELVILLE NY 11747		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	V	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	SCHWARTZ, MARK		3.2 NAME		
STREET ADDRESS	4 CEDAR STREET NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	KINGS PARK NY 11754		3.4. CHTY - ST - ZIP		
TITLE		DETEAT	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP TITLE	· ••••••••••••••••••••••••••••••••••••	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		<del></del>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition

14. Theroby certify that the information supplied with this filting 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 suppliemental furnual 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 receptor or Justice 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 appearance with an address.

62 NAME 63 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Feb 09 1998 8:00am

Secretary of State