

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

FILED
May 19 1998 8:00am
Secretary of State

| | |
|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|

DOCUMENT # **F97000003832 (9)**

1. Corporation Name

GRAHAM-FIELD, INC.

Principal Place of Business

Mailing Address

**400 RABRO DR
HAUPPAUGE NY 11788**

**400 RABRO DR
HAUPPAUGE NY 11788**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1997

4. FEI Number

11-1820299

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

**NATIONAL CORPORATE RESEARCH, LTD., INC.
1408 HAYS ST, SUITE 2
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 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 **CCEO** ☐ DELETE

NAME **SELINGER, IRWIN**

STREET ADDRESS **400 RABRO DR
HAUPPAUGE NY 11788**

CITY-ST-ZIP **HAUPPAUGE NY 11788**

TITLE **V** ☒ DELETE

NAME **JACOBS, GARY M**

STREET ADDRESS **400 RABRO DR
HAUPPAUGE NY 11788**

CITY-ST-ZIP **HAUPPAUGE NY 11788**

TITLE **VGC** ☐ DELETE

NAME **KOLODNY, RICHARD S**

STREET ADDRESS **400 RABRO DR
HAUPPAUGE NY 11788**

CITY-ST-ZIP **HAUPPAUGE NY 11788**

TITLE **V** ☐ DELETE

NAME **SCHEVER, BEATRICE**

STREET ADDRESS **400 RABRO DR
HAUPPAUGE NY 11788**

CITY-ST-ZIP **HAUPPAUGE NY 11788**

TITLE **D** ☒ DELETE

NAME **LUBRANO, LOUIS A**

STREET ADDRESS **432 PARK AVE S.
NEW YORK NY 10016**

CITY-ST-ZIP **NEW YORK NY 10016**

TITLE **D** ☒ DELETE

NAME **LAZANUS, HAROLD DR**

STREET ADDRESS **134 HOFSTRA UNIVERSITY, 2ND FL, WELLER HALL
HEMPSTEAD NY 11550-1090**

CITY-ST-ZIP **HEMPSTEAD NY 11550-1090**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

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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 employed 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 (10/97)