

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90189 043 ***150.00

DOCUMENT # F98000003966

1. Corporation Name
PROGRAM BROKERAGE CORPORATION



Principal Place of Business

175 METRO CENTER BLVD., SUITE 10
WARWICK RI 02886

Mailing Address

175 METRO CENTER BLVD., SUITE 10
WARWICK RI 02886

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1998

4. FEI Number

13-3724358

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33162

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 CCP ☐ DELETE
NAME GUTHART, BRUCE D
STREET ADDRESS 2794 LINDENMERE DRIVE
CITY-ST-ZIP MERRICK NY 11566

1.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME WILLIAMS, ROBERT E.
1.3 STREET ADDRESS 2707 PINEHURST
1.4 CITY-ST-ZIP WESTON, FL 33327

TITLE SVPC ☐ DELETE
NAME SABANOS, MICHAEL P
STREET ADDRESS 62 SHERWOOD DRIVE
CITY-ST-ZIP HUNTINGTON NY 11743

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SVP ☐ DELETE
NAME COHEN, MARC
STREET ADDRESS 215 E. 80TH STREET
CITY-ST-ZIP NEW YORK NY 10021

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 130 PEACH DRIVE
3.4 CITY-ST-ZIP ROSLYN, NY 11576

TITLE VPF ☐ DELETE
NAME SCAVETTA, PETER L
STREET ADDRESS 4033 DARBY LANE
CITY-ST-ZIP SEAFORD NY 11783

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME WILLIAMS, JANE
STREET ADDRESS 8 ASHWOOD LANE
CITY-ST-ZIP HOPE VALLEY RI 02832

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME FISCHER, IVY S
STREET ADDRESS 30 FAIRFIELD STREET
CITY-ST-ZIP MONTCLAIR NJ 07042

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
IVY S FISCHER

Date

(212) 338-2616

Daytime Phone #

CR2E034 (11/98)