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**95 APR 17 PM 1:11**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # H61974 (2)**

1. Corporation Name  
**PULITZER SECURITIES, INC.**

Principal Place of Business: **1104 PONCE DE LEON BLVD. CORAL GABLES FL 33134-3322**  
Mailing Address: **1104 PONCE DE LEON BLVD. CORAL GABLES FL 33134-3322**

DO NOT WRITE IN THIS SPACE.

|                                |  |                        |  |   |   |
|--------------------------------|--|------------------------|--|---|---|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date incorporated or Qualified   | 3a. Date of Last Report   |
| 21                             |  | 26                     |  | 06/14/1985  | 04/28/1994  |
| 22 Suite, Apt. #, etc.         |  | 27 Suite, Apt. #, etc. |  | 4. FBI Number   | Applied For   |
| 23 City & State                |  | 28 City & State        |  | 50-1626433  | Not Applicable  |
| 24 Zip                         |  | 29 Zip                 |  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
| 25 Country                     |  | 30 Country             |  | <input type="checkbox"/>  | <input type="checkbox"/>  |
|                                |  |                        |  | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees   |
|                                |  |                        |  | <input type="checkbox"/>  | <input type="checkbox"/>  |
|                                |  |                        |  | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|  |  |  |  |  |  |    |    |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent                            |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| <b>YELEN, DAVID<br/>1104 PONCE DE LEON BLVD.<br/>CORAL GABLES FL 33134</b> |  |  |  | B1   | Name   |    |    |
|  |  |  |  | B2   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|  |  |  |  | B3   |  |    |    |
|  |  |  |  | B4   | City   | FL | B5 |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------|---|---|
| TITLE                      | DP                       | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PULITZER, PETER          | 1.2 NAME  |   |
| STREET ADDRESS             | 18450 N. W. 114TH AVENUE | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | OKEECHOBEE FL            | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | STD                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | YELEN, DAVID             | 2.2 NAME  |   |
| STREET ADDRESS             | 1104 PONCE DE LEON BLVD. | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | CORAL GABLES FL          | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 3.2 NAME  |   |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                          | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 4.2 NAME  |   |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                          | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 5.2 NAME  |   |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                          | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 6.2 NAME  |   |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                          | 6.4 CITY - ST - ZIP                                   |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter Pulitzer April 11, 1995 (305) 445-3721  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #