

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

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90050 002 \*\*\*150.00

NON-PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P00331**

OPERATION NAME  
**PRENTICE & LEWIS SECURITIES, INC.**

Place of Business Mailing Address  
 AVENUE OF THE AMERICAS 1140 AVENUE OF THE AMERICAS  
 YORK NY 10036 NEW YORK NY 10036  
 US

Principal Place of Business 2a. Mailing Address  
 26  
 Suite, Apt. #, etc. 27  
 City & State 28  
 Country 25 Zip 29 Country 30

3. Date Incorporated or Qualified  
**12/19/1983**  
 4. FEI Number  
**13-3039201**  
 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

**9. Name and Address of Current Registered Agent**

**PRENTICE-HALL CORPORATION SYSTEM, INC.**  
 110 NORTH MAGNOLIA STREET  
 TALLAHASSEE FL 32301

**10. Name and Address of New Registered Agent**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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, 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, typed or printed name or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**OFFICERS AND DIRECTORS**

PTV LEWIS, JAY L. 525 WEST END AVENUE NEW YORK NY DCH LEWIS, JAY L. 525 WEST END AVENUE NEW YORK NY SVP WIRTSCHAFTER, TOM 21 PERRY STREET, APT. 3 NEW YORK NY 10014	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
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	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE

**13.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V.Pres/Sec/Treas/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tom Wirtschafter* **WIRTSCHAFTER, TOM**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/99** (212) 354-8800  
 Date Daytime Phone #

CR2E034 (1/1/98)