

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P03536** (0)

95 JAN 24 AM 9:36

1. Corporation Name
JARON EQUITIES CORP.

Principal Place of Business: **400 SOUTH OYSTER BAY RD. HICKSVILLE NY 11801**
Mailing Address: **400 SOUTH OYSTER BAY RD. HICKSVILLE NY 11801**

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		10/01/1984	02/18/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		11-2227481	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$6.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
KOENIGSBERG, JAY 800 BRICKELL AVENUE SUITE 600 MIAMI FL 33131-9944				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KOENIGSBERG, JAY 800 BRICKELL AVENUE SUITE 600 MIAMI FL 33131-9944				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENIGSBERG, MILTON	1.2 NAME	
STREET ADDRESS	400 S OYSTER BAY RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	HICKSVILLE NY	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	remove name <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DZIKOWSKI, CAROL	2.2 NAME	
STREET ADDRESS	400 S OYSTER BAY RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	HICKSVILLE NY	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	M
STREET ADDRESS		3.3 STREET ADDRESS	MICHAEL HARTZMAN
CITY - ST - ZIP		3.4 CITY - ST - ZIP	400 S. OYSTER BAY RD. HICKSVILLE NY
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 119.07(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 collector 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 in an attachment with an address.

SIGNATURE:  SIGNATURE AND TITLE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

1/18/95
516-433-6015