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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P07455 (9)

1. Corporation Name
FIRST EQUITY PARTNERS, INC.

Principal Place of Business
**% TAX DEPT. 9TH FLOOR
1000 HARBOR BLVD
WEEHAWKEN NJ 07087**

Mailing Address
**% TAX DEPT. 9TH FLOOR
1000 HARBOR BLVD
WEEHAWKEN NJ 07087-6727**



3. Date Incorporated or Qualified **09/18/1985** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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	P	<input type="checkbox"/> DELETE
NAME	COHEN, LAWRENCE	
STREET ADDRESS	1000 HARBOR BLVD	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAUGHEY, DOROTHY F.	
STREET ADDRESS	1000 HARBOR BLVD	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ARNOLD, WALT	
STREET ADDRESS	1000 HARBOR BLVD	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KELLEY, LINDA	
STREET ADDRESS	1000 HARBOR BLVD	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	DEVICO, LOUIS	
STREET ADDRESS	1000 HARBOR BLVD	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRATT, ALBERT	
STREET ADDRESS	1000 HARBOR BLVD	
CITY-ST-ZIP	WEEHAWKEN NJ	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bruce Rubin
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Senior VP
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Geraldine Banyai
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ken Levine
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Terrence E. Fancher
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)