

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**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90169 018 \*\*\*150.00

**DOCUMENT # P07455**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1985

4. FEI Number

13-3257902 06-1170685

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME RUBIN, BRUCE  
STREET ADDRESS 1000 HARBOR BLVD  
CITY-ST-ZIP WEEHAWKEN NJ

TITLE S ☐ DELETE  
NAME HAUGHEY, DOROTHY F.  
STREET ADDRESS 1000 HARBOR BLVD  
CITY-ST-ZIP WEEHAWKEN NJ

TITLE SVP ☐ DELETE  
NAME ARNOLD, WALT  
STREET ADDRESS 1000 HARBOR BLVD  
CITY-ST-ZIP WEEHAWKEN NJ

TITLE AS ☐ DELETE  
NAME BANYAI, GERALDINE  
STREET ADDRESS 1000 HARBOR BLVD  
CITY-ST-ZIP WEEHAWKEN NJ

TITLE AT ☐ DELETE  
NAME LEVINE, KEN  
STREET ADDRESS 1000 HARBOR BLVD  
CITY-ST-ZIP WEEHAWKEN NJ

TITLE D ☐ DELETE  
NAME FANCHER, TERRENCE E.  
STREET ADDRESS 1000 HARBOR BLVD  
CITY-ST-ZIP WEEHAWKEN NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth Levine 4-28-99 (201) 902-4323

CR2E034 (1/98)