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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Monthem

Secretary of State division of Corporations

1997

DOCUMENT # P07898

(0)

WIEN SECURITIES CORP.

Principal Place of Business 111 PANOVIA AVE. JERSEY CITY NJ 07310 US	Mailing Address 111 PAVONIA AVE. JERSEY CITY NJ 07310-1755 US	111 PAVONIA AVE. JERSEY CITY NJ 07310-1755			
			3. Date Incorporated or Qualified 10/28/1985	3a. Date of Last Report 06/05/1996	
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 22-2481009	Applied For Not Applicable	
Suite, Apt. #, etc 22	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25	Z(p 29 3	Country 0		Yes No	
	Current Registered Agent TEPHEN S. WIE.	A 81 Name	10. Name and Address of New Re	gistered Agent	
11. Pursuant to the provisions of Sections office or registered agent, or both, in the agent I am familiar with, and according SIGNATURE.	ne obligations of, Section 607.0505, Flori	84 City i, the above-named cor, thorized by the corpora da Statutes.			
	stered agent and lide if applicable (NOTE) ERS AND DIRECTORS	Registered Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	
NAME STREET ADDRESS CITY-ST-ZIP D BRETT, WIEN 300 WINSTON DRIVE AI CLIFFSIDE PARK NJ	☐ DELETE	1.1 TITLE E 1.2 NAME 5:	TEPHEN S. WIEN 524 NW 63RD S BOCA RAJON, FL	Change Addition	
TITLE NAME SIMBLE ADDRESS CITY-ST-7IP D GENOVESI, ARTHUR 43 ADLAI CIRCLE STATEN ISLAND NY	[_] DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	fo:	Change Addition	
NAME STREET ADDRESS OTY-SE-ZIP STREET ADDRESS OTY-SE-ZIP STORM	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		Change Addition	
Dif	DEVETE	A 1 TITLE		Change Addition	

14. I do hereby certify that the information supplied with this filing does per 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 flue 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 organization 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.

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE

NAME

THE

THEF

NAME STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CFTY - ST - ZIP

GROMEK, LORRAINE

WIEN, LAWRENCE SCOTT

1530 PALISADES AVE

101 HOBART AVE.

BAYONNE NJ

FORT LEE NJ

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

49/92

Daytime Phone #

Change

Change

Addition

Addition

FILED

May 05 1997 8:00am

Secretary of State