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FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90122 049 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P07898

1. Corporation Name
WIEN SECURITIES CORP.

Principal Place of Business
**525 WASHINGTON BLVD
JERSEY CITY NJ 07310
US**

Mailing Address
**525 WASHINGTON BLVD
JERSEY CITY NJ 07310
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1985

4. FEI Number

22-2481009

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**WIEN, STEPHEN S
2528 NW 63RD STREET
BOCA RATON FL 33496**

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

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 **D** ☐ DELETE
NAME **BRETT, WIEN**
STREET ADDRESS **300 WINSTON DRIVE APT. 2311**
CITY-ST-ZIP **CLIFFSIDE PARK NJ**

1.1 TITLE

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **GENOVESI, ARTHUR**
STREET ADDRESS **43 ADLAI CIRCLE**
CITY-ST-ZIP **STATEN ISLAND NY**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **SDP** ☐ DELETE
NAME **WIEN, EDITH**
STREET ADDRESS **GRAHAM ST.**
CITY-ST-ZIP **ALPINE NJ**

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **GROMEK, LORRAINE**
STREET ADDRESS **101 HOBART AVE.**
CITY-ST-ZIP **BAYONNE NJ**

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WIEN, LAWRENCE SCOTT**
STREET ADDRESS **1530 PALISADES AVE**
CITY-ST-ZIP **FORT LEE NJ**

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE **EVD** ☐ DELETE
NAME **WIEN, STEPHEN S**
STREET ADDRESS **2528 NW 63RD STREET**
CITY-ST-ZIP **BOCA RATON FL**

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

WIEN, STEPHEN S
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/99 201-216-0100

CR2E034 (11/98)

0563697