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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4) KEOGH + COMPANY, INC GARRISON, KEOGH & COMPANY, INC.

	• • • • • • • • • • • • • • • • • • • •
Principal Place of Business	Mailing
460 C 40MD CTDECT	122 E

FILED Apr 23 1998 8:00am Secretary of State



Principal Place	a of Business	Mailing Address			- I FAMINADE NE ARIAN FANDE NEAL EACH AND FANDE AND	I BINII ALBII AJRII AINII ALAIX INAI
•		122 E. 42ND STREET				
122 E. 42ND SUITE 3500		SUITE 3500			DO NOT WRITE INT	LUO ADAGE
NEW YORK N	IY 10 168	NEW YORK NY 10168			DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualified	
9 Principal D	ace of Business	2a. Mailing Address			11/25/1985 4. FEI Number	Applied For
 ,		26			13-2775552	Not Applicable
Suite, Apt.	# Atc	Suite, Apt. #, etc.				\$9.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	Q. Name and Address of Curre	ent Registered Agent		Name	10. Name and Address of New Registe	irea Agent
	CORPORATION SYSTEM			Name		
·= =		82 Street Address (P.O. Box Number is Not Acceptable)				
PL	ANTATION FL 33324		-	33		
			*	"		
			8	City		FL 85 Zip Code
		00 C02 1/ 00 Flacida Ptal	tan tha aba	1	rporation submits this statement for the purpo	, ,
office or r agent. I a	egistered agent or both, in the Stat m familiar with, and accept the obli	e of Florida. Such change was	: authorized	by the corpora	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NO	L Registered	Agent signature requ	uirad when reinstating) Di	ATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	DELETE	1.1 THL	E		Change Addition
NAME	G ARRISON, WILLIAM G.		1.2 NAN	NE		
STREET ADDRESS	325 EAST 79TH STREET		1.3 STR	EET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY	/-ST-7IP		
TITLE	8	DELETE	2.1 1ITL	E		Change Addition
NAME	Garrison, Helen G.		2 2 NAN	1E		
STREET ADDRESS	325 EAST 79TH STREET		23 SIA	FET ADDRESS		
CITY-ST-ZIP	NEW YORK NY			Y-ST-ZIP		110 1100
TITLE	V	DÉLETE	3 1 TITL		Æ	Change Additio
NAME	DIGNAN, AIMEE T.		3.2 NAN	·		
STREET ADDRESS	106 EAST 81ST STREET			EET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	DELETE		Y-ST-ZIP		Change Additio
TITLE	ADTOLOUD MAINTER A	☐ DELETE	4,1 1111			Fill priorities Fill vocation
NAME	BRADFORD, WILLIAM, III		4. 2 NAI			
STREET ADDRESS	1 RIDGEWOOD TERRACE			EET ADDRESS		
CITY - ST - ZIP	MAPLEWOOD NJ	DELETE	5.1 T(T)	7-\$1-ZIP		☐ Change ☐ Additio
TITLE		C) ottett	5.1 HILL 5.2 NAN	1		— Grange — Monte
NAME OTREET ARRESCO				EE1 ADDRESS	ع مال مع	
STREET ADDRESS				1	264/23	
CITY-ST-ZIP TITLE		DELETE	6.1 TITL	r-ST-ZIP	400000249 8	hange Additio
-		[6.2 NAM		4000002498 -04/23/9801036-	029
NAME CZOCCZ ADDOCCC				EET ADDRESS	***150.00	
STREET ADDRESS						
CITY-ST-ZIP	<u> </u>		6.4 CH	r-ST-ZIP	in Continue 110 07/2)//) Election Chatuten I furth	or postify that the information

I nereby 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 informatio 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 for on an attachment with an address.