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May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10451

1. Corporation Name
RYAN, BECK & CO., INC.

Principal Place of Business 220 SOUTH ORANGE AVE. LIVINGSTON NJ 07039 US	Mailing Address 220 SOUTH ORANGE AVE. LIVINGSTON NJ 07039 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/16/1986	
21		26		4. FEI Number 22-1773796	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	CBPE <input type="checkbox"/> DELETE	1.1 TITLE	VICE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLOTKIN, BENJAMIN	1.2 NAME	LOUIS INTORRELL
STREET ADDRESS	220 SOUTH ORANGE AVE.	1.3 STREET ADDRESS	220 SOUTH ORANGE AVE
CITY-ST-ZIP	LIVINGSTON NJ 07039	1.4 CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	ROSENTHAL, JACK R	2.2 NAME	
STREET ADDRESS	220 SOUTH ORANGE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIVINGSTON NJ 07039	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	HORN, MICHAEL M	3.2 NAME	
STREET ADDRESS	220 SOUTH ORANGE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIVINGSTON NJ 07039	3.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	NAULA, MATTHEW R	4.2 NAME	
STREET ADDRESS	220 SOUTH ORANGE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVINGSTON NJ 07039	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	RODINO, PETER W JR.	5.2 NAME	
STREET ADDRESS	220 SOUTH ORANGE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIVINGSTON NJ 07039	5.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	STANLEY, LEONARD J	6.2 NAME	
STREET ADDRESS	220 SOUTH ORANGE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LIVINGSTON NJ 07039	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:

Louis Intorrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99
Date

203/597/5710
Daytime Phone #

CR2E034 (11/98)