FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P12571

(6)

HERZOG, HEINE, GEDULD, INC.

Mailing Address	

						P (Militalia) han jingan itanga mirat ama		416:1 8141			
Principal Place of E	Business	Mailing Add		_							
525 WASHING	TON BLVD.		ASHINGTON BLV	D.							
10TH FLOOR		10TH 1		1							
JERSEY CITY NJ 07310 US		US	JERSEY CITY NJ 07310 US				3. Date Incorporated or Qualified 12/17/1986 3a. Date of Last Report 06/20/1995				
		2a. Mailing	Address				4. FEI Number	<u> </u>	A	pplied For	
Principal Place	of Business	28. Mailing	Address			ļ	13-1955436			lot Applicable	
			Apt #. etc.				5. Certificate of Status Desired			Additional	
Suite, Apt. #, €	etc.	27	The fire over			İ	5. Certificate di Status Desired		Fee F	Required	
		City &	State				6. Election Campaign Financing	П		May Be	
City & State		28					Trust Fund Contribution			to Fees	
7.	Country	7p		Countr	/		8. This corporation has liability for	intangible tax	under s	199.032,	
Zφ	25	29		30				□No			
	9. Name and Address of Curren		gent				10. Name and Address of New F	legistered A	gent	·	
				81	Nan	ne					
CT COR	PORATION SYSTEM			83	82 Street Address (P.O. Box Number is Not Acceptable)						
	PINE ISLAND ROAD										
. — . — .	TION FL 33324			8:	3						
Carre				8	1 City			 1	85 Zı	p Code	
				-			on submits this statement for the pu of directors. Thereby accept the app	FL			
		ID DIRECTORS		13.		T	ADDITIONS/CHANGES TO OF	[] Change	Addit o	
2.	CD OFFICERS AN		DELETE	1 1 1171	 E	T] Change	☐ Addit∙or	
TLE	HERZOG, JOHN			1.2 NAM	£						
IAME	1 PIEREPONT STREET			1.3 STRE	ET ADDRE	ESS					
TREET ADDRESS	BROOKLYN NY			1.4 C(T)	- ST - ZIP				•	CT Address	
ITLÉ	VD		DELETE	2 1111	F	Exe	cutive vice fresident, A	siree for D	g Unange	Additio	
iAME	GERACI, ANTHONY			2.2 NAM	IE	Ì	Success And Nav	_			
STREET ADDRESS	22 ORCHARD LN.			2 3 SīR	EL ADOR		E OYSTER BAY DRIV				
DITY+ST-ZIP	COLTS NECK NJ			24 C IY	·ST-ZIP	R	IMSON, NJ		7 Change	☐ Additio	
TITLE	PD		☐ DELETE	3 1 TIT	_f		-	L	Ghange		
IAME	GEDULD, EMANUEL			3 2 NAN	ΛE						
STREET ADDRESS	279 CENTRAL PARK WES	st, apt. 3B			RET ADD						
CITY-ST-ZIP	NEW YORK NY				Y-ST-ZIP	· -	ioi Vice President, Sec	ا دحدید می	Change	Addition	
THILE	VS		DELETE	4 1 111		Sen	iloi Vice president, sec) ~ (17) '	·- · · · · · · · · · · · · · · · ·		
NAME	CHRISTOFILIS, C. CHARL	.ES		4.2 NA							
STREET ADDRESS	118 A HILLCREST AVE.				REET ADD						
CITY -ST-ZIP	W. PATERSON NJ		F3 brich		Y - ST - ZIF	<u> </u>			Change	e 🔲 Additi	
TITLE	DV		DELETE	5 1 7					_	•	
NAME	GEDULD, IRWIN	10		5 2 NA		verce					
STREET ADDRESS	4000 ISLAND BLVD., WM	112			REEL ADO						
CITY - ST - ZIP	NO. MIAMI BEACH FL		- DELETE	54 C-1	y - \$T - ZH	Ch.	of Financial Officer	Director	Chang	e 🗶 Add i	
TITLE			DELETE	62 NA		i.	ef Financial Officer, onna Connolly 070 Missian Drive	P. 11 m.C. 10.		*	
NAME						70505 3	on Missing brive	:			
STREET ADDRESS					REET ADD						
CITY - ST - ZIP				■ 6 4 Cl	17 · \$1 · ZI	ot qualify f	or the exemption stated in Section 1	19.07(3)(k), F	orida Sta	itutes. I furthe	

City 51-2ll*
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, Truthar 14. I do hereby 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 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 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 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 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 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 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 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 certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify the same legal effect as if made under certify the same legal effect as if made under certify the same legal effect as if made under certify the same legal effect as if made under

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Dayhne Phore #

AAXAZA (**