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FILED

Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P12571

(6)

1. Corporation Name

HERZOG, HEINE, GEDULD, INC.

Principal Place of Business

525 WASHINGTON BLVD.  
10TH FLOOR  
JERSEY CITY NJ 07310  
US

Mailing Address

525 WASHINGTON BLVD.  
10TH FLOOR  
JERSEY CITY NJ 07310-1607  
US



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

30

3. Date Incorporated or Qualified

12/17/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

13-1955436

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ 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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME HERZOG, JOHN  
STREET ADDRESS 1 PIEREPONT STREET  
CITY- ST- ZIP BROOKLYN NY

☐ DELETE

TITLE EVPD  
NAME GERACI, ANTHONY  
STREET ADDRESS ONE OYSTER BAY DR  
CITY- ST- ZIP RUMSON NJ

☐ DELETE

TITLE PD  
NAME GEDULD, EMANUEL  
STREET ADDRESS 279 CENTRAL PARK WEST, APT. 3B  
CITY- ST- ZIP NEW YORK NY

☐ DELETE

TITLE SVPS  
NAME CHRISTOFILIS, C. CHARLES  
STREET ADDRESS 118 A HILLCREST AVE.  
CITY- ST- ZIP W. PATERSON NJ

☐ DELETE

TITLE DV  
NAME GEDULD, IRWIN  
STREET ADDRESS 4000 ISLAND BLVD., WM IS  
CITY- ST- ZIP NO. MIAMI BEACH FL

☐ DELETE

TITLE CFOD  
NAME DONNA CONNOLLY  
STREET ADDRESS 2070 MISSION DR  
CITY- ST- ZIP NAPLES FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CFO  
1.2 NAME Ken BRADLEY  
1.3 STREET ADDRESS 45 Whitney Ave  
1.4 CITY- ST- ZIP FLORAL PARK NY 11001

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)