

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P20058

(4)

1. Corporation Name

STRATTON OAKMONT INC.

Principal Place of Business

1979 MARCUS AVE  
LAKE SUCCESS NY 11042

Mailing Address

1979 MARCUS AVE  
LAKE SUCCESS NY 11042



3. Date Incorporated or Qualified

07/14/1988

3a. Date of Last Report

04/25/1995

4. FEI Number

13-3372902

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

2. Principal Place of Business

21 As Above

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26 As Above

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

XL CORPORATE SERVICES, INC.  
1017 THOMASVILLE ROAD  
SUITE B  
TALLAHASSEE FL 32302

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 or director, if applicable

Signature, typed or printed name of registered agent or director, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TIFFERT, MATHIAS V.	
STREET ADDRESS	84 FIRST STREET	
CITY - ST - ZIP	GDN CITY PK NY	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PORUSH, DANIEL M.	
STREET ADDRESS	100 RODEO DRIVE	
CITY - ST - ZIP	SYOSSET NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHAMAH, JORDAN I	
STREET ADDRESS	141 FIRESTONE CIRCLE	
CITY - ST - ZIP	NORTH HILLS NY	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GREENE, ANDREW T	
STREET ADDRESS	11 ROSE AVE	
CITY - ST - ZIP	GLEN COVE NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PTD
2.3 STREET ADDRESS	PORUSH, DANIEL M.
2.4 CITY - ST - ZIP	100 RODEO DRIVE
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	OYSTER BAY COVE, NY
3.3 STREET ADDRESS	11791
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SD
5.3 STREET ADDRESS	GELFAND, HOWARD S.
5.4 CITY - ST - ZIP	335 BALUSTRAOL CIRCLE
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROSLYN, NY
6.3 STREET ADDRESS	11576
6.4 CITY - ST - ZIP	

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. I further certify that the information indicated on this and all reports supplementing annual reports 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 registered agent or authorized 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

(516) 358-1800

CR2E034 (12/95)