


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P22713 (2)
1. Corporation Name
JOSEPHTHAL LYON & ROSS INCORPORATED

Principal Place of Business 200 PARK AVENUE 24TH FLOOR NEW YORK NY 10166 US	Mailing Address %PETER SHEIB 200 PARK AVE., 24TH FL. NEW YORK NY 10166 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 200 Park Avenue Suite, Apt. #, etc. 22 25th Floor City & State 23 New York, NY Zip 24 10166		2a. Mailing Address 26 c/o Robert Vallee - Tx Mgr Suite, Apt. #, etc. 27 45 Broadway 20th Floor City & State 28 New York, NY Zip 29 10006		3. Date Incorporated or Qualified 01/25/1989		3a. Date of Last Report 06/10/1996	
				4. FEI Number 13-1850914		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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
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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	PURJES, DAN D	
STREET ADDRESS	200 PARK AVE. 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICE, LAWRENCE R.	
STREET ADDRESS	185 E. 85TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHEIB, PETER E.	
STREET ADDRESS	88 RUCUM RD	
CITY-ST-ZIP	ROXBURY CT	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RODEN, CHARLES E.	
STREET ADDRESS	7 BLAIR RD	
CITY-ST-ZIP	ARMONK NY	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	LARKIN, SHERWOOD P	
STREET ADDRESS	200 PARK AVE 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10166	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HUNT, JULIE M.	
STREET ADDRESS	6 EAST 43RD STREET	
CITY-ST-ZIP	NEW YORK NY	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Fitzgerald, Paul
3.3 STREET ADDRESS	200 Park Avenue 25th Floor
3.4 CITY-ST-ZIP	New York, NY 10166
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	CFO, COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	200 Park Avenue 25th Floor
5.4 CITY-ST-ZIP	New York, NY 10166
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VD
6.3 STREET ADDRESS	Weisman, Scott
6.4 CITY-ST-ZIP	200 Park Avenue 25th Floor New York, NY 10166

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: X

Sherwood P. Larkin CFO, COO 9/3/97

CP2E034 (4/97)