FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(8)

DOCUMENT # P23130
1. Corporation Name
CARRET SECURITIES, INC.

FILED Apr 02 1997 8:00am Secretary of State



Principal Place of Business 40 EAST 52ND ST NEW YORK NY 10022 US				Mailing Address 40 EAST 52ND ST NEW YORK NY 10022-5911 US					3. Date Incorporated or Qualified 3a. Date of £ast Report 02/24/1989				
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			Applied For	1
21			26						13-3490212 Not Applicable				1
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	1	
City & State			[27]	City & State						•		Required	
23			20	28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip				Zip Country				8. This corporation has liability for intangible tax under s. 199.032,					
25			29					Florida Statutes Yes No					
_	9. Name LDERMAN, D	and Address of Cu	rrent Regis	tered Agent		81	15	 Name	10. Name and Address of New Re	gistered	Agent		1
	O COUNTRY												
VILLAGE OF GOLF FL 33436						82	! !	Street Addre	et Address (P.O. Box Number is Not Acceptable				-
						83							1
						84	1-	City			85 Zq	p Code	-
								•		FL			
11. Pursua office (agent.	int to the provis or registered ag I am familiar wi	ions of Sections 607 jent, or both, in the 5 ith, and accept the c	1.0502 and 6 State of Flori Obligations o	607,1508, Florid da. Such char If, Section 607.	da Statutes. igė was aut .0505, Florid	, the abov horized b da Statute	re-n y tř s.	named corpo ne corporatio	oration submits this statement for the poor's board of directors. I hereby accept	urpose of t the app	changing ointment a	its registered is registered	
SIGNATUR													1
12.	Signature, type o	or printed name of register OF LICE RS	rd agent and title SAND DIRL		(N)	Rogistei⊾o Ag II 13.	ioni s	signature required	when reinstating) ADDITIONS/CHANGES TO OFFIC	FRS AND	DIRECTO	ORS IN 12	1
TITLE	10			IO 🔲	CLETÉ	1.1 TITLE		T			☐ Change		18
NAME		AN, DAVID J.				1.2 NAME							;
STREET ADDRES	s 40 COU					1.3 STRL[1 A9	OURLSS					l
CITY-ST-ZIP	PD	OF GOLF FL				1.4 CHY- :	S1 - Z	ZIP		.,.,.,.			18
TITLE		DONALD		Z DE	ELETE	211016					L Change	Addition	١
NAME	A11 WES	ST END AVE.				2.2 NAME							
STREET ADDRES	SS NEW YO					2.3 STREE							
CITY-ST-ZIP TITLE	TSD			DE DE	LETE	2.4 CITY - 3 1 HILE	51.	ZII'			Change	Addition	ł
NAME		.L, LINDA J.		•		3.2 NAME			35	ÇB	L		l
	TREET ADDRESS 307 EAST 44TH STREET			3.3 \$			3.3 STREET ADDRESS		•				
CITY-ST-ZIP	NEW YO	rk ny				3.4. CITY-	S1-7	710					ļ
TITLE				D DE	LEIE	4.1] ITLE					Change	Addition	
NAME						4. 2 NAME							
STREET ADDRES	SS					4.3 STRLE							
CITY-ST-ZIP						4.4 City-5	\$1 - Z	7IP			Change	Additoo	ŀ
TITLE	1.4	•		ĽΠDE	ILIE	5.1 THLE					Change	Addition	1
NAME STREET ADDRES						5.2 NAME 5.3 STREE	1.45	inte se					
CITY-ST-ZIP	20					5.3 STREE 5.4 Off Y- 9							
TITLE				Di	TUTTE	6.1 TITLE	J1-2				Change	Addition	
NAME						6.2 NAME							
STREET ADORES	SS					63 STREET	i ADI	DHESS					
CITY-ST-ZIP						64 CITY- 9							
	reby certify tha	t the information sur	aphed with the	ils filma daes i	not qualify f				in Section 119 07(3)(i) Etorida Statules	Lfuther	certify the	at the	1

To be independent on this annual report or supplemental abrual report is true and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee compowered 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.