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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(5)

M.D. SASS INVESTORS SERVICES, INC.

FILED Jan 26 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address				L INDRIGATED IN THE FAMILIES OF STATE STAT				
1185 AVENUE OF THE AMERICAS NEW YORK NY 10036 US		1185 AVENUE OF THE AMERICAS NEW YORK NY 10036			DO NOT WRITE	P SILIT IAL E	SDACE			
		U\$				3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE			
						•				
9 Principal P	lace of Business	2a. Mailing Address				01/04/1990 4. FEI Number			Applied For	
	iace of bosiness	26					<u> </u>	Not Applicable		
21 Sulte, Apt.	# Atc		Suite, Apt. #, etc.			13-2703405		¢0.75		
22		· ·	27			Certificate of Status Desired			Required	
City & State	9		City & State			6. Election Campaign Financing			0 May Be	
23	_		28			Trust Fund Contribution Added to Fees				
Zip			Cou	ıntry		8. This corporation owes or has pa	aid the cur			
24	25	29	30			Personal Property Tax due June	_	Yes	□ No	
	9. Name and Address of Curr		1			10. Name and Address of New Ro		Agent		
XL CORPORATE SERVICES, INC.					Name					
344 OFFICE PLAZA				82	Chroot A	ddress (P.O. Box Number is Not Accepta	bla)			
	LLAHASSEE FL 32301		62 Street Ac			daress (F.O. Bax Number is Not Accepta	меу			
				83			-			
					0			7::::		
				84	City		FL	85 Zij	p 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. Thereby 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 ramin of registered agent are statle if applicable (NOTE Registered Agent signature required when remistating) DAU										
12.		ND DIRECTORS	13.		in Augriculus 16	ADDITIONS/CHANGES TO OFFI		DIRECTO	ORS IN 12	
TITLE	PO	DELETE	111	TLF				☐ Change		
NAME	SASS, MARTIN D.		12 N	AME						
STREET ADDRESS ASTOR LANE			13 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	SANDS POINT NY		14 City - St - ZiP		i					
TITLE	VD	DELETE		2 1 TITLE				☐ Change	Addition	
NAME	LAMLE, HUGH R.		22 NAME							
STREET ADDRESS	555 DUNE RD.		2 3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	WESTHAMPTON NY		2 4 CITY - ST ZIP		T ZIP					
TITLE	V\$ DELETE			3.1 TITLE		·		Change	Addition	
NAME	STONE, FRED M.		3 2 N	AME						
STREET ADDRESS	15 KINGSLEY DR.		3.3 S	IREET	ADDRESS				į	
CITY-ST-ZIP	MANALAPAN NJ		3 4. 0	HTY - S	T ZIP				ŀ	
TITLE	Vî	☐ DELETE	4 1 TI					Change	Addition	
NAME	WINTER, MARTIN E.		4.2 8	ΙΑΜέ						
STREET ADDRESS	3 CYPRESS POINT DR		435	IREET	ADORESS					
CITY-ST-ZIP	PURCHASE NY		44C	1Y - S1	I - ZIP					
TITLE		□ DELFTE	5.1 1	HE				Change	Addition	
NAME			5.2 N	AME						
STREET ADDRESS			538	TREET	ADDRESS					
CfTY-ST-ZIP			5.4 CI	TY - S1	1 - ZIP					
TITLE		☐ DELET e	G.1 T	ILE				Change	Addition	
NAME			6.2 N	AME	1					
STREET ADDRESS			6.3 S	IREET.	ADDRESS					
CITY-ST-ZIP			6.4 CI	IIY-S1	1-21P					
						. O .: 140 07(0)(0) ft 1 0: 1 1	7	177 11 1 11		

I 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 informatio indicated on this annual report or suppliemental 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 his 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.

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