

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 # P30696

(9)

1. Corporation Name

PRENTICE SECURITIES INC.



Principal Place of Business

90 BROAD STREET
NEW YORK NY 10004

Mailing Address

90 BROAD STREET
NEW YORK NY 10004

3. Date Incorporated or Qualified

08/27/1990

3a. Date of Last Report

06/16/1995

4. FEI Number

13-3472420

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

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 director (if applicable)

(If 011: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
|-------|-------------------|------------------|----------------|---------------------------------|
| PD | TIERNEY, MICHAEL | 90 BROAD STREET | NEW YORK NY | <input type="checkbox"/> |
| T | LAWLER, ROBERT J. | 1 HILLSIDE ROAD | BRONXVILLE NY | <input type="checkbox"/> |
| V | PANZER, MELVYN E. | 16 ENSIGN DRIVE | MASSAPEQUA NY | <input type="checkbox"/> |
| S | BALUYO, CATHERINE | 289 HARRISON AVE | JERSEY CITY NE | <input type="checkbox"/> |
| SV | BURKE, BARBARA J | 110 8TH ST | SOMERSET NJ | <input type="checkbox"/> |
| SV | BOSWELL, JOHN | 171 E 83RD ST | NEW YORK NY | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY-ST-ZIP | 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY-ST-ZIP | 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY-ST-ZIP | 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY-ST-ZIP | 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY-ST-ZIP | 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY-ST-ZIP |
|---|---------|-------------------|----------------|---|---------|-------------------|----------------|---|---------|-------------------|----------------|---|---------|-------------------|----------------|---|---------|-------------------|----------------|---|---------|-------------------|----------------|
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. LAWLER - EUP 5/17/96

CR2E034 (12/95)