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4 PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P33464

(9)

SPENCER-WINSTON SECURITIES CORPORATION

Principal Place of Business

Mailing Address

21 WEST 47TH STREET

21 WEST 47TH STREET

FILED Jan 29 1998 8:00am Secretary of State



NEW YORK NY 10036 NEW YORK NY 10036 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/08/1991 2. Principal Place of Business FEI Number 2a. Mailing Address Applied For 21 26 13-3034478 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year intangible 30 Yes Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 TALLAHASSEE FL 32301 84 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition TITLE 1 1 TITLE Change ECHMAN, OSCAR NAME 1.2 NAME **588 HIGHLAND AVENUE** STREET ADDRESS 1.3 STREET ADDRESS RIDGEWOOD NJ CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change ___ Addition WEISZ, JASON NAME 2.2 NAME 19 COLONY STREET ADDRESS 2.3 STREET ADDRESS **EDGEWATER NJ** CITY - ST - ZIP 2. 4 CiTY - ST - ZiP DELETE Change Addition TITI # 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE __ Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Additton TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CiTY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change ___ Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental annual report is true and according or director of the corporation or the receiver or trustee empowered by Block 12 or Block 13 if changed, or on an attachment with an address the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information under and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: