

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90063 020 \*\*\*150.00

DOCUMENT # P34184

1. Corporation Name

SHIELDS CAPITAL CORPORATION

Principal Place of Business

71 BROADWAY  
NEW YORK NY 10006

Mailing Address

71 BROADWAY  
NEW YORK NY 10006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1991

4. FEI Number

13-3125594

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 140 Broadway  
Suite, Apt. #, etc.

22 44th Floor  
City & State

23 New York, NY  
Zip Country

24 10005 25

2a. Mailing Address

26 140 Broadway  
Suite, Apt. #, etc.

27 44th Floor  
City & State

28 New York, NY  
Zip Country

29 10005 30

9. Name and Address of Current Registered Agent

LINDENBAUM, PHILIP  
2900 SOUTH TAMIAMI TRAIL  
SARASOTA FL 34239

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 PD ☐ DELETE  
NAME SHIELDS, DAVID V.  
STREET ADDRESS 131 E. 69TH STREET  
CITY-ST-ZIP NEW YORK NY

TITLE CD ☐ DELETE  
NAME SHIELDS, JOSEPH V.  
STREET ADDRESS 152 WHEATLEY ROAD  
CITY-ST-ZIP BROOKVILLE NY

TITLE VST ☒ DELETE  
NAME THATCHER, RICHARD B.  
STREET ADDRESS 249 SOUTHDOWN ROAD  
CITY-ST-ZIP HUNTINGTON NY

TITLE D ☒ DELETE  
NAME THATCHER, RICHARD B.  
STREET ADDRESS 249 SOUTHDOWN ROAD  
CITY-ST-ZIP HUNTINGTON NY

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME PD  
3.3 STREET ADDRESS Ralph Scarpa  
3.4 CITY-ST-ZIP 944 Maple Ave.  
Ridgewood, N.J. 07657

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Compliance Director  
4.3 STREET ADDRESS John P. Hughes  
4.4 CITY-ST-ZIP 2 Mathew Place  
Mahwah, NJ 07430

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)