

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:45

DOCUMENT # **P36688** (0)

1. Corporation Name
GRUNTAL FINANCIAL CORP.

Principal Place of Business Mailing Address
14 WALL STREET, 14TH FLOOR **14 WALL STREET, 14TH FLOOR**
NEW YORK NY 10005 **NEW YORK NY 10005**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
12/16/1991 **01/31/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number Applied For
13-3179858 Not Applicable

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23. City & State 28. City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. Zip 25. Country 29. Zip 30. Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City 85. Zip Code
FL

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 (Type or printed name of registered agent and the applicable (SOLE Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	SILVERMAN, HOWAR
STREET ADDRESS	14 WALL STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	VD
NAME	BAC, EDWARD E.
STREET ADDRESS	14 WALL STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	VD
NAME	SABLOWSKY, ROBERT
STREET ADDRESS	14 WALL STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	VD
NAME	RICHTER, BARRY
STREET ADDRESS	14 WALL STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	VS
NAME	HOST, LIONEL G.
STREET ADDRESS	14 WALL STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	T
NAME	GIRONTA, MICHAEL
STREET ADDRESS	14 WALL STREET
CITY - ST - ZIP	NEW YORK NY

1.1 TITLE	President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Silverman, Howard	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	no longer with company	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Michael Gironta** 1/19/95 (212) 207-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER