

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P36688 (0)

1. Corporation Name

GRUNTAL FINANCIAL CORP.



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

3. Date Incorporated or Qualified: **12/16/1991**
 3a. Date of Last Report: **01/20/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt #, etc; City & State; Zip; Country.

4. FEI Number: **13-3179858**
 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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)
 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: _____ DATE: _____
Signature is for principal officer or registered agent and is applicable. (NOTE: Registered Agent signature is required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: SILVERMAN, HOWAR STREET ADDRESS: 14 WALL STREET CITY-ST-ZIP: NEW YORK NY	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: C D 1.2 NAME: ROBERT P. RITTEREISER 1.3 STREET ADDRESS: 766 BUTTERNUT DR 1.4 CITY-ST-ZIP: FRANKLIN LAKES NJ- 07417
TITLE: VD NAME: SABLOWSKY, ROBERT STREET ADDRESS: 14 WALL STREET CITY-ST-ZIP: NEW YORK NY	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: _____ 2.2 NAME: _____ 2.3 STREET ADDRESS: _____ 2.4 CITY-ST-ZIP: _____
TITLE: VD NAME: RICHTER, BARRY STREET ADDRESS: 14 WALL STREET CITY-ST-ZIP: NEW YORK NY	<input type="checkbox"/> DELETE	3.1 TITLE: _____ 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY-ST-ZIP: _____
TITLE: VS NAME: HOST, LIONEL G. STREET ADDRESS: 14 WALL STREET CITY-ST-ZIP: NEW YORK NY	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: VS 4.2 NAME: JOANNE T. MARREN 4.3 STREET ADDRESS: 497, RIDGE WOOD AVE. 4.4 CITY-ST-ZIP: GLEN RIDGE NJ - 07028
TITLE: T NAME: GIRONTA, MICHAEL STREET ADDRESS: 14 WALL STREET CITY-ST-ZIP: NEW YORK NY	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: P T 5.2 NAME: LEE FENSTERSTOCK 5.3 STREET ADDRESS: 1133, 5TH AVE. 5.4 CITY-ST-ZIP: NY NY 10128
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____

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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 19.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert P. Rittereiser* Chairman CEO 8/6/91
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)