

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P37645** (9)

1. Corporation Name

BULL & BEAR SECURITIES, INC.



Principal Place of Business

**11 HANOVER SQUARE
NEW YORK NY 10005**

Mailing Address

**11 HANOVER SQUARE
NEW YORK NY 10005**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WALKER, IAN G.
200 NE 20TH STREET, #205A
BOCA RATON FL 33431**

81 Name

Benedetto, Michelle

82 Street Address (P.O. Box Number is Not Acceptable)

395 E. Palmetto Park Road

83

84 City

Boca Raton

FL

85 Zip Code

33432

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 filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE	OWN	<input type="checkbox"/> DELETE
NAME	WINMILL, BASSETT S.	
STREET ADDRESS	11 HANOVER SQUARE	
CITY- ST- ZIP	NEW YORK NY	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	ANDERSON, ROBERT D.	
STREET ADDRESS	11 HANOVER SQUARE	
CITY- ST- ZIP	NEW YORK NY	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WINMILL, MARK C.	
STREET ADDRESS	11 HANOVER SQUARE	
CITY- ST- ZIP	NEW YORK NY	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WINMILL, THOMAS B.	
STREET ADDRESS	11 HANOVER SQUARE	
CITY- ST- ZIP	NEW YORK NY	
TITLE	TCA	<input type="checkbox"/> DELETE
NAME	MOY, ROBERT J.	
STREET ADDRESS	11 HANOVER SQUARE	
CITY- ST- ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DEMPSEY, JAMES J.	
STREET ADDRESS	11 HANOVER SQUARE	
CITY- ST- ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TCA
5.3 STREET ADDRESS	Joseph Leung
5.4 CITY- ST- ZIP	11 Hanover Square
5.5 CITY- ST- ZIP	New York, NY 10005
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SVP
6.3 STREET ADDRESS	James Mitchell
6.4 CITY- ST- ZIP	11 Hanover Square
	New York NY 10005

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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

(212) 785-0900

CR2E034 (12/95)