

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P41060** (5)

1. Corporation Name  
**OSCAR GRUSS & SON, INC.**



Principal Place of Business: **74 BROAD STREET NEW YORK NY 10004**  
Mailing Address: **74 BROAD STREET NEW YORK NY 10004**

3. Date Incorporated or Qualified: **10/19/1992**  
3a. Date of Last Report: **01/31/1995**  
4. FEI Number: **13-2193779**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GELFENBEIN, HARVEY D.  
THE POLO CLUB  
6180 HOLLOW LANE  
BOCA RATON FL 33484**

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: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	CP	<input type="checkbox"/> DELETE
NAME	GRUSS, EMANUEL	
STREET ADDRESS	180 EAST 79TH STREET	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VCV	<input type="checkbox"/> DELETE
NAME	GELFENBEIN, HARVEY D	
STREET ADDRESS	THE POLO CLUB; 6180 HOLLOW LANE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRUSS, RIANE WHOL	
STREET ADDRESS	180 EAST 79TH STREET	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MITTLEMAN, ROBERT JOSEPH	
STREET ADDRESS	28 TAMMYS LANE	
CITY - ST - ZIP	MUTTONTOWN NY	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MEER, JONAH MARTIN	
STREET ADDRESS	1488 EAST 27TH STREET	
CITY - ST - ZIP	BROOKLYN NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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 from an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Jonah M. Meer, Vice President**

1/23/96 (212) 943-6313

CR2E034 (12/95)