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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Secretary of State 1998 DIVISION OF CORPORATIONS

Feb 05 1998 8:00am Secretary of State

**FILED** 

1000					J Secretary of State		
DOCUMENT # P92000007318 (8)					_		
DEERFIELD ASSOCIATES CORP.							
Principal Plac	e of Business	Mailing Address				# <b>#</b> ##################################	
333 JERICHO TURNPIKE 333 JERICHO TURNPIKE							
JERICHO NY JERICHO NY					DO NOT WRITE IN THE	10 0D4 0E	
					DO NOT WRITE IN THI  3. Date Incorporated or Qualified	S SFACE	
					11/24/1992		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21 26					11-3183079	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional	
22						Fee Required	
23	=	28	1 '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the o		
24	25	29	30		Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registere	d Agent	
co	RPORATION INFORMATION SEI	RVICES INC.	81	Name			
1201 HAYS STREET				Street Addre	ress (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301			83				
			63				
			84	City	F	85 Zip Code	
11. Pursuant I	to the provisions of Sections 607.050	2 and 607.1508, Florida Stati	utes, the above-	named corp			
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was ations of Section 607.0505. I	authorized by t Florida Statutes.	he corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the a	ppointment as registered	
SIGNATURE						¥ 4	
	Signature, typed or printed name of registered agent and title if applicable (NOTE		OTE. Registered Agent	signature require			
12.	OFFICERS AND DIRECTORS  DELETE		13.		ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
NAME	ROSEN, ROBERT A		1.2 NAME				
STREET ADDRESS	333 JERICHO TURNPIKE		1.3 STREET AL	DDRESS			
CITY - ST - ZIP	JERICHO NY 11753		1.4 CITY - ST -	ZIP			
TITLE	D	DELETE	2.1 TITLE			Change Addition	
NAME	ROSEN, FLORENCE		2.2 NAME				
STREET ADDRESS	333 JERICHO TURNPIKE		2.3 STREET AL				
CITY - ST - ZIP	JERICHO NY 11753 D	DELETE	2. 4 CITY - ST- 3.1 TITLE	ZIP		Change Addition	
TITLE NAME	ROSEN, DAVID S	LI VELETE	3.2 NAME			C change C youthon	
STREET ADDRESS	333 JERICHO TURNPIKE		3.3 STREET AC	nnpess			
CITY-ST-ZIP	JERICHO NY 11753		3.4. CITY-ST-				
TITLE		DELETE	4.1 TITLE	231		Change Addition	
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREET AE	DRESS		Í	
CITY - ST - ZIP			4.4 CITY-ST-	ZiP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET AD				
CITY - ST - ZIP TITLE		DELETE	5.4 CITY-ST- 6.1 TITLE	411.		Change Addition	
NAME		<u> </u>	6.2 NAME			- • -	
STREET ADDRESS			6.3 STREET AD	DDRESS			
CITY-ST-ZIP			6.4 CITY - ST -				
14. Lhereby o	ertify that the information expolied w	ith this filing does not qualify	for the exemption	n stated in S	Section 119.07(3)(i), Florida Statutes. I further	certify that the information	

of 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 attorn of the receiver or trustee empoyered to execute this report as required by Chapter 607, Florida Statutesy and that my name appears in