


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

FILED

Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000023959 (7)			
1. Corporation Name REISS CONSULTANTS CORP.			
Principal Place of Business 320 NORTHERN BLVD. SUITE 20A GREAT NECK NY 11021		Mailing Address 320 NORTHERN BLVD. SUITE 20A GREAT NECK NY 11021-4807	
2. Principal Place of Business		3. Date Incorporated or Qualified 03/28/1994	
21. Suite, Apt. #, etc.		3a. Date of Last Report 04/23/1996	
22. City & State		4. FEI Number 65-0516626	
23. Zip		Applied For <input type="checkbox"/> Not Applicable	
24. Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27. Country			
28. Country			
29. Country			
30. Country			
9. Name and Address of Current Registered Agent TSAKALAS, WILLIAM 850 OAK DRIVE OVIDO FL 32765		10. Name and Address of New Registered Agent	
		81. Name HOWARD REISS	
		82. Street Address (P.O. Box Number is Not Acceptable) 10015 BURBANK COURT	
		83. City	
		84. City NEWPORT RICHEY FL	
		85. Zip Code 34654	
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 <i>Howard Reiss</i>		DATE 3/24/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME REISS, HOWARD		1.2 NAME	
STREET ADDRESS 21527 50 AVE		1.3 STREET ADDRESS	
CITY- ST- ZIP BAYSIDE NY		1.4 CITY- ST- ZIP	
2.1 TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP		2.4 CITY- ST- ZIP	
3.1 TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		3.2 NAME	
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6.1 TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP		6.4 CITY- ST- ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Howard Reiss</i>		DATE 3/24/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CR2E034 (9/96)