


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 29 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 286888
1. Entity Name
CORE MARKETS, INC.



Principal Place of Business
**700 SYLVAN AVE.
ENGLEWOOD CLIFFS, NJ 07632**

Mailing Address
**700 SYLVAN AVE.
ENGLEWOOD CLIFFS, NJ 07632**



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1090160	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, DAVID A 33 BENEDICT PL GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS RADIN, ANTHONY 00 SYLVAN AVE. ENGLEWOOD CLIFFS, NJ 07632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEONARD, KENNETH C 33 BENEDICT PLACE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRANTZ, JOHN 800 SYLVAN AVE. ENGLEWOOD CLIFFS, NJ 07632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD STRICKLAND, DAVID J 33 BENEDICT PL GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000028061070
02/02/04--01095--031 **150.00

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Wesche Date: 1/13/04 Daytime Phone #: 201-894-2493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR