

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 286888 (3)

1. Corporation Name: **CORE MARKETS, INC.**

Principal Place of Business: **800 SYLVAN AVE ENGLEWOOD CLIFFS NJ 07632**

Mailing Address: **800 SYLVAN AVE ENGLEWOOD CLIFFS NJ 07632**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11/02/1964	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1090160	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 607.0909 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 607.0905, Florida Statutes.

SIGNATURE: _____ (Name) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, ROBERT M	
STREET ADDRESS	33 BENEDICT PLACE	
CITY- ST- ZIP	GREENWICH CT 06830	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	KURTZ, MELVIN H	
STREET ADDRESS	33 BENEDICT PLACE	
CITY- ST- ZIP	GREENWICH CT 06830	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LEONARD, KENNETH C	
STREET ADDRESS	33 BENEDICT PLACE	
CITY- ST- ZIP	GREENWICH CT 06830	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	KRANTZ, JOHN	
STREET ADDRESS	800 SYLVAN AVE.	
CITY- ST- ZIP	ENGLEWOOD CLIFFS NJ 07632	
TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	LANDRY, MARK	
STREET ADDRESS	33 BENEDICT PLACE	
CITY- ST- ZIP	GREENWICH CT 06830	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY- ST- ZIP		
21 TITLE	PRES & TREASURER, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	RICK S.W	
23 STREET ADDRESS	390 PARK AVE	
24 CITY- ST- ZIP	NEW YORK, NY 10022	
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 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; 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 in an attached agent with an address.

SIGNATURE: *John Krantz* 1/23/98 (201) 871-5563

CR2E034 (10/97)