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2: FILING FEE AFTER MAY 1ST IS \$550.00.

ROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED-

90 JUL 16 PH 3: 07

ELECTRICA CE STATE CLAS AUSCE, FLORIDA

DOCUMENT # 1. Corporation Name Cadaret, Grant & Co., Inc.

Principal Place of Business

Principal Place of Business

110 W. Fayette Street Suite, Apt. #, etc.

Mailing Address

200 Valley Rd, Ste 106 Mt. Arlington, NJ 07856

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/09/1982 Majling Address 4. FEI Number Applied For 22-2361254 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required 5th Floor City & State 6. Election Campaign Financing \$5.00 May Be 23 Syracuse, NY Trust Fund Contribution Added to Fees

Country Zip Country Zip 8. This corporation owes the current year Intangible 24 13202 25 30 Personal Property Tax. 29

10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name The Prentice-Hall Corporation System, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays St 63 Tallahassee, FL 32301

City Zip Code FL 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

	Signatura, typed or printed frame of registered agent and bite if applicati	H (NOTE RE	gistered Agent signature re	Quired when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS	S	13.	ADDITIO	NS/CHANGES	TO OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	CPD	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	Arthur F. Grant		1.2 NAME					
STREET ADDRESS	110 W. Fayette St., 5th Fl		1.3 STREET ADORESS					
"CITY-ST-ZIP	Syracuse, NY 13202		1.4 CITY-ST-ZIP					
TITLE		☐ DEFELE	21 TITLE				Change	Addition
NAME	V		22 NAME		BODO	02942	2416	9
STREET ADDRESS	Norlyn S. Feldman 200 Valley Rd, Ste 106		23 STREET ADDRESS		-0	02942 07/27/99	01029	001
CITY-ST-ZIP	Mt. Arlington, NJ 07856		2 4 CITY-ST-ZIP		*	****61.25	****	51.25
TITLE	VSD	□ DELETE	3 1 TITLE				Change	☐ Addition
NAME	Beda L. Johnson		32 NAME					
STREET ADDRESS		•	33 STREET ADDRESS					
CITY-ST-ZIP	Mt. Arlington, NJ 07856		3.4. CITY-ST-ZIP					
TITLE	TV	□ DELETE	4.1 TITLE				Change	Addition
NAME	Donald J. Taylor 110 W. Fayette St., 5th FL		4.2 NAME					
STREET ADDRESS	Syracuse, NY 13202		4.3 STREET ADDRESS					
OTY-ST-ZIP	l 15202		4.4 CITY-ST-ZIP					
TITLE		DELETE	5 1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			54 CITY+ST-ZIP					
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADORESS			63 STREET ADDRESS					

64 CiTY-ST-ZiP CITY-ST-ZIP 14. Thereby 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 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; the 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 ap Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. Donna Kisl

SIGNATURE:

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