

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90013 006 ***558.75

011623/

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P10826**
 1. Corporation Name
ICON SECURITIES CORP.

593000 - 90013 - 5



DO NOT WRITE IN THIS SPACE

Principal Place of Business 600 MAMRONECK AVE. HARRISON NY 10528-1632 US	Mailing Address 600 MAMARONECK AVE. HARRISON NY 10528-1632 US
---	--

3. Date Incorporated or Qualified 07/18/1986	4. FEI Number 13-3130550	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 the current year intangible Personal Property.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 31 Milk St.
22 City & State	27 Ste. 1111
23 Zip	28 Boston, MA 02109
24 Country	29 02109
	30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	HIRSCH, ALAN	
STREET ADDRESS	FOUR EMBARCADERO CENTER., STE 590	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	EVSD	<input type="checkbox"/> DELETE
NAME	MARTIN, THOMAS W	
STREET ADDRESS	31 MILK STREET., STE 1111	
CITY-ST-ZIP	BOSTON MA	
TITLE	CFOT	<input checked="" type="checkbox"/> DELETE
NAME	SILVERHARDT, GARY N	
STREET ADDRESS	600 MAMARONECK AVENUE	
CITY-ST-ZIP	HARRISON NY	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	PARR, DAVID W	
STREET ADDRESS	31 MILK STREET., STE 1111	
CITY-ST-ZIP	BOSTON MA	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, NEIL A	
STREET ADDRESS	31 MILK STREET., STE 1111	
CITY-ST-ZIP	BOSTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARKE, BEAUFORT J	
STREET ADDRESS	600 MAMARONECK AVENUE	
CITY-ST-ZIP	HARRISON NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Director, Chairman and CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: *Thomas W. Martin* 7-15-99 617/ 210-0208

CR2E034 (5/99)