

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P20058** (4)

1. Corporation Name  
**STRATTON OAKMONT INC.**



Principal Place of Business: 1979 MARCUS AVE LAKE SUCCESS NY 11042  
Mailing Address: 1979 MARCUS AVE LAKE SUCCESS NY 11042

3. Date Incorporated or Qualified: 07/14/1988  
3a. Date of Last Report: 04/25/1995  
4. FEI Number: 13-3372902  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21. Suite, Apt. #, etc: Ag Above  
22. City & State: 23. Zip: 24. Country: 25.  
2a. Mailing Address: 26. Suite, Apt. #, etc: Ag Above  
27. City & State: 28. Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent  
**XL CORPORATE SERVICES, INC.  
1017 THOMASVILLE ROAD  
SUITE B  
TALLAHASSEE FL 32302**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | T                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | TIFFERT, MATHIAS V.  |  |
| STREET ADDRESS | 84 FIRST STREET      |  |
| CITY-ST-ZIP    | GDN CITY PK NY       |  |
| TITLE          | PD                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | PORUSH, DANIEL M.    |  |
| STREET ADDRESS | 100 RODEO DRIVE      |  |
| CITY-ST-ZIP    | SYOSSET NY           |  |
| TITLE          | VD                   | <input type="checkbox"/> DELETE            |
| NAME           | SHAMAH, JORDAN I     |  |
| STREET ADDRESS | 141 FIRESTONE CIRCLE |  |
| CITY-ST-ZIP    | NORTH HILLS NY       |  |
| TITLE          | SD                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | GREENE, ANDREW T     |  |
| STREET ADDRESS | 11 ROSE AVE          |  |
| CITY-ST-ZIP    | GLEN COVE NY         |  |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | PTD  |
| 2.3 STREET ADDRESS | PORUSH, DANIEL M.  |
| 2.4 CITY-ST-ZIP    | 100 RODEO DRIVE  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           | OYSTER BAY COVE, NY  |
| 3.3 STREET ADDRESS | 11791  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           | SD   |
| 4.3 STREET ADDRESS | GELFAND, HOWARD S.   |
| 4.4 CITY-ST-ZIP    | 335 BALUSTROL CIRCLE   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | ROSLYN, NY   |
| 5.3 STREET ADDRESS | 11576  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this and all reports, supplemental annual reports, 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, custodian, or liquidator 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Howard S. Gelfand  
(516) 358-1800

CR2E034 (12/95)