

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

FILED

**Apr 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34630 (4)
1. Corporation Name
LIBERTY SECURITIES CORPORATION

Principal Place of Business 100 MANHATTANVILLE ROAD PUERCHASE NY 10577	Mailing Address 100 MANHATTANVILLE ROAD PUERCHASE NY 10577
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State PURCHASE, NY 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State PURCHASE, NY 28 Zip Country 29 30
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3. Date Incorporated or Qualified 07/11/1991	4. FEI Number 04-3119940	Applied For <input type="checkbox"/> 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 CT CORPORATION SYSTEM 1200 S. 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
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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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	TREECE, JOHN T JR. 100 MANHATTANVILLE ROAD PUERCHASE NY 10577	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD	RUSHOVICH, DENNIS 100 MANHATTANVILLE ROAD PUERCHASE NY 10577	<input checked="" type="checkbox"/> DELETE	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPAS	RIPEPI, BRUCE F 100 MANHATTANVILLE ROAD PUERCHASE NY 10577	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	MICKENBERG, CLIFFORD 100 MANHATTANVILLE ROAD PUERCHASE NY 10577	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	BENNING, JOHN A 600 ATLANTIC AVE BOSTON MA 02210-2214	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	KAPLAN, DENIS 100 MANHATTANVILLE ROAD PUERCHASE NY 10577	<input type="checkbox"/> DELETE	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			3.2 NAME PRESIDENT
			3.3 STREET ADDRESS PURCHASE, NY 10577
			3.4 CITY - ST - ZIP PURCHASE, NY 10577
			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME PURCHASE, NY 10577
			4.3 STREET ADDRESS
			4.4 CITY - ST - ZIP PURCHASE, NY 10577
			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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME PURCHASE, NY 10577
			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.

CR2E034 (10/97)