

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F93000002836 (5)**  
 1. Corporation Name:  
**WESTMALL REALTY CORP.**

Principal Place of Business:  
**C/O MIDWOOD MANAGEMENT CORPORATION  
 60 EAST 42ND STREET, SUITE 1814  
 NEW YORK NY 10165**

Mailing Address:  
**C/O MIDWOOD MANAGEMENT CORPORATION  
 60 EAST 42ND STREET, SUITE 1814  
 NEW YORK NY 10165-0220**

**FILED**  
**Mar 18 1997 8:00am**  
**Secretary of State**



2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

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

Applicant type (proprietor, partner, officer, director, etc.) (circle one)

(OFFICER) If signed Agent, sign only inside of the following

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>USDAN, JOHN</b>	
STREET ADDRESS	<b>C/O 60 EAST 42ND STREET, SUITE 1814</b>	
CITY- ST- ZIP	<b>NEW YORK NY 10165</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>ISAACS, JED</b>	
STREET ADDRESS	<b>C/O 380 MADISON AVE., 15TH FLOOR</b>	
CITY- ST- ZIP	<b>NEW YORK NY 10017</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>CLARKE, ISABELLE</b>	
STREET ADDRESS	<b>60 EAST 42ND STREET, SUITE 1814</b>	
CITY- ST- ZIP	<b>NEW YORK NY 10165</b>	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
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 do hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicates 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. 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 on an attachment with an address.

SIGNATURE

*[Handwritten Signature]*

*JOHN USDAN*  
 3/16/97

CR2E034 (9/95)