

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

FILED  
Apr 17 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 # F97000005247 (8)

1. Corporation Name  
WFP MCJV, INC.

Principal Place of Business % WORLD FINANCIAL PROPERTIES. L.P. ONE LIBERTY PLAZA NEW YORK NY 10006	Mailing Address % WORLD FINANCIAL PROPERTIES. L.P. ONE LIBERTY PLAZA NEW YORK NY 10006
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/07/1997	
4. FEI Number 13-3979882		APPLIED FOR		Applied For 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	
7. 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 UNITED CORPORATE SERVICES, INC. 801 NE 167TH ST., STE. 300 NORTH MIAMI BEACH FL 33162		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JOHN A	1.2 NAME	
STREET ADDRESS	150 FRANKLIN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10013	1.4 CITY-ST-ZIP	
TITLE	CV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, LAWRENCE F	2.2 NAME	
STREET ADDRESS	185 PROSPECT PL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11238	2.4 CITY-ST-ZIP	
TITLE	DVS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEISNER, EDWARD F	3.2 NAME	
STREET ADDRESS	105 SYLVIA LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11040	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, KATHLEEN G	4.2 NAME	
STREET ADDRESS	380 SHORE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH NY 11561	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, ROBERT	5.2 NAME	
STREET ADDRESS	46 HIGHVIEW DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PATTERSON NJ 07424	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)