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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

843552

(1)

**NEEDMORE CORPORATION** 

|     |     | FILEI  | )        |
|-----|-----|--------|----------|
| Apr | 16  | 1998   | 8:00am   |
| Se  | cre | tary c | of State |



| Principal Place                     | e or Business                                                               | Mailing Address                                         |                             |         |                                                    | · · · · · · · · · · · · · · · · · · ·                                                                    |                         |                                |  |
|-------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------|---------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|--|
| 854 MADISON                         | i AVE                                                                       | 654 MADISON AVE                                         |                             |         |                                                    |                                                                                                          |                         |                                |  |
| STE 1801<br>NEW YORK NY 10021<br>US |                                                                             | STE 1801                                                | NEW YORK NY 10021           |         |                                                    | DO NOT WRITE IN THIS SPACE                                                                               |                         |                                |  |
|                                     |                                                                             | NEW YORK NY 10021<br>US                                 |                             |         |                                                    |                                                                                                          |                         |                                |  |
| 08                                  |                                                                             | US                                                      |                             |         |                                                    | 3. Date Incorporated or Qualified                                                                        |                         |                                |  |
| O Drivelant Di                      | ace of Business                                                             |                                                         |                             |         |                                                    | 06/22/1979                                                                                               | <del></del>             |                                |  |
|                                     | ace or Business                                                             | 2a. Mailing Address                                     |                             |         |                                                    | 4. FEi Number                                                                                            |                         | Applied For                    |  |
| 21                                  |                                                                             | · ·                                                     | 26                          |         |                                                    | 13-2996677                                                                                               |                         | Vot Applicable                 |  |
| Suite, Apt.                         | #, <b>9</b> (C.                                                             | Suite, Apt. #, etc.                                     |                             |         |                                                    | 5. Certificate of Status Desired                                                                         |                         | Additional                     |  |
| 22                                  |                                                                             | 27                                                      |                             |         |                                                    |                                                                                                          | Fee F                   | Required                       |  |
| City & State                        | •                                                                           | City & State                                            |                             |         |                                                    | 6. Election Campaign Financing                                                                           |                         | May Be                         |  |
| 23                                  |                                                                             | 28                                                      |                             |         |                                                    | Trust Fund Contribution                                                                                  | Added                   | to Fees                        |  |
| Zip                                 | Country Zip                                                                 |                                                         |                             | Country |                                                    | 8. This corporation owes or has paid the cur                                                             |                         | ntangible                      |  |
| 4 25 29                             |                                                                             |                                                         | 30                          |         |                                                    |                                                                                                          |                         | □ No                           |  |
|                                     | 9. Name and Address of Currer                                               | nt Registered Agent                                     |                             |         |                                                    | 10. Name and Address of New Registered                                                                   | Agent                   |                                |  |
| THI                                 | E <b>pr</b> entice-hall corporation                                         | on System Inc.                                          |                             | Bi      | Name                                               |                                                                                                          |                         |                                |  |
| 120                                 | 11 HAYS STREET                                                              |                                                         | i.                          | 82      | Street Address (P.O. Box Number is Not Acceptable) |                                                                                                          |                         |                                |  |
|                                     | TE 105                                                                      |                                                         | [                           | -       | Sileet Addi                                        | less (r.o. box indiriber is not Acceptable)                                                              | Not Acceptable)         |                                |  |
|                                     | LAHASSEE FL 32301                                                           |                                                         | h                           | 83      |                                                    |                                                                                                          |                         |                                |  |
| in                                  | PARTOCE I F OFOU !                                                          |                                                         |                             |         |                                                    |                                                                                                          |                         |                                |  |
|                                     |                                                                             |                                                         | [4                          | 94      | City                                               | FL                                                                                                       | <b>65</b> Zip           | Code                           |  |
| 11 Dureugot t                       | o the provisions of Sections CO7 BLO                                        | 2 and CO7 1LO9 Florida Clatu                            | iloo tho ab                 |         |                                                    | poration submits this statement for the purpose of                                                       |                         | <del> </del>                   |  |
| office or re                        | o the provisions of Sections 607,000 ogistered agent, or both, in the State | of Florida. Such change was                             | ites, the ab-<br>authorized | by t    | named corp<br>the corporat                         | poration submits this statement for the purpose of tion's board of directors. I hereby accept the app    | changing<br>Jointment a | ils registered<br>s registered |  |
| agent. I ar                         | <b>n fam</b> iliar with, and accept the oblig                               | ations of, Section 607.0505, F                          | lorida Statu                | tes.    | •                                                  |                                                                                                          |                         |                                |  |
| SIGNATURE                           | ······································                                      |                                                         |                             |         |                                                    |                                                                                                          |                         |                                |  |
|                                     | Signature, typed or printed name of registered ago                          |                                                         |                             | Agont   | signature require                                  | red when reinstating) DATE                                                                               |                         |                                |  |
| 12.                                 | OFFICERS AN                                                                 |                                                         | 13.                         |         |                                                    | ADDITIONS/CHANGES TO OFFICERS AND                                                                        |                         |                                |  |
| TITLE                               | VŠT                                                                         | ☐ DELETE                                                | 111111                      | F       |                                                    |                                                                                                          | Change                  | Addition                       |  |
| NAME                                | FUNK, HELENE                                                                |                                                         | 12 NAM                      | 1E      |                                                    |                                                                                                          |                         |                                |  |
| STREET ADDRESS                      | 654 MADISON AVE STE 1801                                                    | ·                                                       | 1.3 STA                     | EFT AC  | DDRESS                                             |                                                                                                          |                         |                                |  |
| CITY-ST-ZIP                         | NEW YORK NY                                                                 |                                                         | 1.4 DITS                    | -SI-    | ZIP                                                |                                                                                                          |                         | ĺ                              |  |
| TITLE                               | V                                                                           | DELETE                                                  | 2.1 TITL                    | E       |                                                    |                                                                                                          | ☐ Change                | Addition                       |  |
| NAME                                | GINTHER, KRISTAN                                                            | ,                                                       | 2.2 NAN                     | 1E      |                                                    |                                                                                                          |                         |                                |  |
| STREET ADDRESS                      | 654 MADISON AVE STE 1801                                                    |                                                         | 2.3 STR                     | EE1 AE  | DDRESS                                             |                                                                                                          |                         |                                |  |
| CITY-ST-ZIP                         | NEW YORK NY                                                                 |                                                         | 2. 4 CIT                    |         |                                                    |                                                                                                          |                         |                                |  |
| TITLE                               | V                                                                           | DOLLETE                                                 | 3.1 TITL                    |         |                                                    |                                                                                                          | Change                  | Addition                       |  |
| NAME                                | MOTTA, ROSE ANNE M                                                          |                                                         | 3.2 NAM                     | _       |                                                    |                                                                                                          | E.J. Change             |                                |  |
| STREET ADORESS                      | 654 MADISON AVE STE 1801                                                    | 1                                                       |                             |         | b D D C C C                                        |                                                                                                          |                         | i                              |  |
|                                     | NEW YORK NY                                                                 |                                                         | 3.3 STR                     |         | 1                                                  |                                                                                                          |                         |                                |  |
| CITY-ST-ZIP<br>TITLE                |                                                                             | DELETE                                                  | 3.4. CIT                    |         | - 711                                              |                                                                                                          | Change                  | - I delica                     |  |
| i                                   | PD                                                                          | vitti <b>t</b>                                          | 4.1 TITL                    |         |                                                    |                                                                                                          | Change                  | Addition                       |  |
| NAME                                | LAGATTA, JOHN H O                                                           |                                                         | 4. 2 NA)                    |         |                                                    |                                                                                                          |                         | 1                              |  |
| STREET ADDRESS                      | 654 MADISON AVE STE 1801                                                    |                                                         | 4.3 STRI                    |         |                                                    |                                                                                                          |                         | 1                              |  |
| CITY-ST-ZIP                         | NEW YORK NY                                                                 |                                                         | 4.4 CITY                    |         | ZIP                                                |                                                                                                          | <del></del>             |                                |  |
| TITLE                               |                                                                             | DELETE                                                  | 5.1 TITL                    | E       |                                                    |                                                                                                          | Change                  | Addition                       |  |
| NAME                                |                                                                             |                                                         | 5.2 NAM                     | IF      |                                                    |                                                                                                          |                         |                                |  |
| STREET ADDRESS                      |                                                                             |                                                         | 5.3 STRI                    | E1 AD   | DURESS                                             |                                                                                                          |                         |                                |  |
| CITY-ST-ZIP                         |                                                                             |                                                         | 5.4 CITY                    | - \$1-7 | ZIP                                                |                                                                                                          |                         |                                |  |
| TITLE                               |                                                                             | ☐ DELETE                                                | 6.1 THU                     |         |                                                    |                                                                                                          | Change                  | Addition                       |  |
| NAME                                |                                                                             |                                                         | 6.2 NAM                     | E       |                                                    |                                                                                                          |                         |                                |  |
| STREET ADDRESS                      |                                                                             |                                                         | 6.3 STRE                    | ET AD   | DDRESS                                             |                                                                                                          |                         |                                |  |
| CITY-ST-ZIP                         |                                                                             |                                                         | 64 CITY                     |         |                                                    |                                                                                                          |                         | 1                              |  |
| 14. Thereby ce                      | ertify that the information supplied wi                                     | th this filing does not qualify f                       | or the exen                 | oitar   | n stated in S                                      | Section 119.07(3)(i), Florida Statutes. I further cer                                                    | rtify that the          | a information                  |  |
| Indicated o                         | o <b>n this</b> annual report or supplementa                                | I annual report is true and acc                         | curate and                  | that i  | my signatur                                        | re shall have the same legal effect as if made und<br>uired by Chapter 607, Florida Statules; and that n | der nath: th            | atlam en I                     |  |
| Block 12 o                          | r <b>Bloc</b> k 13 if <u>changed, or an an attac</u>                        | aver or trustee empowered to<br>chment with an address. | _                           | s rep   | port as requ                                       | ineo by Chapter 607, Florida Statutes; and that in                                                       | iy name ap              | pears in                       |  |
|                                     |                                                                             | )                                                       | $\mathcal{L}$               |         | . /                                                |                                                                                                          |                         |                                |  |