

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

FILED

Feb 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F92000000077 (9)**
1. Corporation Name
FIRST PROFESSIONAL ARTS BUILDING CORPORATION



Principal Place of Business Mailing Address
ONE PENN PLAZA SUITE 4015 **ONE PENN PLAZA SUITE 4015**
NEW YORK NY 10119 **NEW YORK NY 10119**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 11/02/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-1169133	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM		b1 Name	
1200 SOUTH PINE ISLAND ROAD		b2 Street Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324		b3	
		b4 City	
		FL b5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENK, JOSEPH R	1.2 NAME	
STREET ADDRESS	ONE PENN PLAZA SUITE 4015	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10119	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, MICHAEL S	2.2 NAME	
STREET ADDRESS	ONE PENN PLAZA SUITE 4015	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10119	2.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, ROBERT H JR	3.2 NAME	
STREET ADDRESS	ONE PENN PLAZA SUITE 4015	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10119	3.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIDNER, MARTIN L	4.2 NAME	
STREET ADDRESS	ONE PENN PLAZA SUITE 4015	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10119	4.4 CITY-ST-ZIP	
TITLE	AV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHMAN, RONALD B	5.2 NAME	
STREET ADDRESS	ONE PENN PLAZA SUITE 4015	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10119	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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, or on an attachment with an address.

SIGNATURE: *Michael S. Sims* 1/15/98 1/27971-9270

CR2E034 (10/97)