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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005253

1. Corporation Name

WHTR INVESTORS, INC.

Principal Place of Business

ATTN: TODD WILLIAMS
100 CRESCENT CT., SUITE 1000
DALLAS TX 75201

Mailing Address

10 HANOVER SQUARE, 20TH FL
NEW YORK NY 10005
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

28

Zip

24

Country

29

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81

Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIDICH, DANIEL M		1.2 NAME
STREET ADDRESS	85 BROAD STREET, REAL ESTATE DEPT 19TH FL		1.3 STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP
TITLE	VAT	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAHEY, BRIAN		2.2 NAME
STREET ADDRESS	10 HANOVER SQUARE, 20TH FL		2.3 STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY 10005		2.4 CITY-ST-ZIP
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, KIMBERLY J		3.2 NAME
STREET ADDRESS	100 CRESCENT CT., #1000		3.3 STREET ADDRESS
CITY-ST-ZIP	DALLAS TX 75201		3.4. CITY-ST-ZIP
TITLE	DV	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHENBERG, STUART M		4.2 NAME
STREET ADDRESS	85 BROAD STREET, REAL ESTATE DEPT 19TH FL		4.3 STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP
TITLE	VASA	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, TODD A		5.2 NAME
STREET ADDRESS	100 CRESCENT CT., #1000		5.3 STREET ADDRESS
CITY-ST-ZIP	DALLAS TX 75201		5.4 CITY-ST-ZIP
TITLE	VST	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAUGHTON, KEVIN		6.2 NAME
STREET ADDRESS	85 BROAD STREET		6.3 STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY		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, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Lahey

APR 28 1999

Date

Daytime Phone #

CR2E034 (11/98)