

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

FILED
Mar 25 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 # F94000006595 (2)

1. Corporation Name
ASOMA CORPORATION

Principal Place of Business 105 CORPORATE PARK DRIVE WHITE PLAINS NY 10604	Mailing Address 105 CORPORATE PARK DRIVE WHITE PLAINS NY 10604
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1994	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 13-3613269	Applied For Not Applicable
22 City & State	23	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

Signature Typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	SAMSON, ERIC	
STREET ADDRESS	105 CORPORATE PARK DR.	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, LEON	
STREET ADDRESS	105 CORPORATE PARK DR.	
CITY-ST-ZIP	WHITE PLAINS NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENJAMIN, COLIN	
STREET ADDRESS	105 CORPORATE PARK DR.	
CITY-ST-ZIP	WHITE PLAINS NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVITT, STEVEN	
STREET ADDRESS	105 CORPORATE PARK DR.	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOGGIO, GAIL M	
STREET ADDRESS	105 CORPORATE PARK DRIVE	
CITY-ST-ZIP	WHITE PLAINS NY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PURPURA, SALVATORE A	
STREET ADDRESS	105 CORPORATE PARK DRIVE	
CITY-ST-ZIP	WHITE PLAINS NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

[Signature]

[Signature]

3/18/98

914 27 5440

CR2E034 (10/97)