

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F94000006595** ✓

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**

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90003 026 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1994

4. FEI Number

13-3613269

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 **C** ☐ DELETE
NAME **SAMSON, ERIC**
STREET ADDRESS **105 CORPORATE PARK DR.**
CITY-ST-ZIP **WHITE PLAINS NY 10604**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PRICE, LEON**
STREET ADDRESS **105 CORPORATE PARK DR.**
CITY-ST-ZIP **WHITE PLAINS NY**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **ZIP = 10604**

TITLE **D** ☐ DELETE
NAME **BENJAMIN, COLIN**
STREET ADDRESS **105 CORPORATE PARK DR.**
CITY-ST-ZIP **WHITE PLAINS NY**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **ZIP = 10604**

TITLE **D** ☐ DELETE
NAME **LEVITT, STEVEN**
STREET ADDRESS **105 CORPORATE PARK DR.**
CITY-ST-ZIP **WHITE PLAINS NY 10604**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE
NAME **BOGGIO, GAIL M**
STREET ADDRESS **105 CORPORATE PARK DRIVE**
CITY-ST-ZIP **WHITE PLAINS NY**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **S MARGO ROSNER.**
5.3 STREET ADDRESS **105 CORPORATE PARK DRIVE**
5.4 CITY-ST-ZIP **WHITE PLAINS NY 10604**

TITLE **P** ☐ DELETE
NAME **PURPURA, SALVATORE A**
STREET ADDRESS **105 CORPORATE PARK DRIVE**
CITY-ST-ZIP **WHITE PLAINS NY**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **ZIP = 10604**

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 REQUIRED

7-20-99

914-251 5491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0116272