SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F95000000356 (4)**

1. Corporation Name
ALBUQUERQUE WHALER 95-B CORPORATION

Principal Place of Business	Mailing Address
1285 AVE OF AMERICAS 14TH FLOOR NEW YORK NY 10019	1285 AVE OF AMERICAS 14TH FLOOR NEW YORK NY 10019

3. Date Incorporated or Qualified: 01/23/1995
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / Country
24: / 25:

2a. Mailing Address
26: 1000 Harbor Blvd
Suite, Apt. #, etc.
27: Tax Dept 9th FLOOR
City & State
28: Weehawken, NJ
Zip / Country
29: 07087 / 30:

4. FEI Number: APPLIED FOR ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, type or print name of New Registered Agent and title, if applicable (NOTE: Registered Agent signature required when constructive)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PLUST, STEVEN J		1.2 NAME		
STREET ADDRESS	1285 AVE OF AMERICAS, 14TH FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		1.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BANYAI, GERALDINE L		2.2 NAME		
STREET ADDRESS	1285 AVE OF AMERICAS, 14TH FL		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, LAURA		3.2 NAME		
STREET ADDRESS	1285 AVE OF AMERICAS, 14TH FL		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ENGLANDER, PETER		4.2 NAME		
STREET ADDRESS	13077 HIGHWAY 19 WEST		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRYSON CITY NC 28713		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BAUM, STEVEN P		5.2 NAME	300001905363 -07/26/96--01026--038 ***225.00	
STREET ADDRESS	1285 AVE OF AMERICAS, 14TH FL		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	Asst. Treasurer	☐ Change ☐ Addition
NAME	TAYLOR, JOHN		6.2 NAME	Louis J. DeVico	
STREET ADDRESS	1285 AVE OF AMERICAS, 14TH FL		6.3 STREET ADDRESS	1000 Harbor Blvd	
CITY-ST-ZIP	NEW YORK NY 10019		6.4 CITY-ST-ZIP	Tax Dept 9th Floor	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Louis J. DeVico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 07/26/96
Daytime Phone