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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1285 AVE OF AMERICAS
14TH FLOOR
NEW YORK NY 10019

Mailing Address

1000 HARBOR BLVD
TAX DEPT 9TH FLOOR
WEEHAWKEN NJ 07087-6727

3. Date Incorporated or Qualified
01/23/1995

3a. Date of Last Report
07/26/1996

4. FEI Number

APPLIED FOR 13-3850560

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

Signature type and printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PLUST, STEVEN J
STREET ADDRESS 1285 AVE OF AMERICAS, 14TH FL
CITY- ST- ZIP NEW YORK NY 10019

TITLE AS
NAME BANYAI, GERALDINE L
STREET ADDRESS 1285 AVE OF AMERICAS, 14TH FL
CITY- ST- ZIP NEW YORK NY 10019

TITLE SD
NAME KELLY, LAURA
STREET ADDRESS 1285 AVE OF AMERICAS, 14TH FL
CITY- ST- ZIP NEW YORK NY 10019

TITLE VD
NAME ENGLANDER, PETER
STREET ADDRESS 13077 HIGHWAY 19 WEST
CITY- ST- ZIP BRYSON CITY NC 28713

TITLE D
NAME BAUM, STEVEN P
STREET ADDRESS 1285 AVE OF AMERICAS, 14TH FL
CITY- ST- ZIP NEW YORK NY 10019

TITLE AT
NAME DE VICO, LOUIS J
STREET ADDRESS 1000 HARBOR BLVD/TAX DEPT 9TH FLOOR
CITY- ST- ZIP WEEHAWKEN NJ 07087

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)