## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

• PROF†ï CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # F9500005261 (1)  JEROME REALTY COMPANY							
Principal Place	of Business	Maiing Address				HII ODIH BONI <b>H</b> AIO O	((10 E)013 3110)  101 F00(
ONE MADISON AVENUE. 26A NEW YORK NY 10010-3803		ONE MADISON AVENUE. 26A NEW YORK NY 10010-3603					
					3. Date Incorporated or Qualified 10/27/1995	3a. Date of La	st Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 13-0886830		Applied For	
Suite, Apt. #, etc.		26 11 Market Street Suite, Apt #, etc.			<b>\$8</b>	Not Applicable  .75 Additional	
22		27		5. Certificate of Status Desired		ee Required	
City & State		City & State 28 Pow 4N Keep	City & State Powghkoep sie MY		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip ≱4	Country 25	29 12601	Country 30		This corporation has liability for in Florida Statutes	<b>√X</b> No	
	9. Name and Address of Current	Registered Agent	81	Г. Кт	10. Name and Address of New R	egistered Agent	
WOLFOON OATH O				Name			
WOLFSON, CARL S 19343 SABAL LAKE DRIVE			82	Street Address (P.O. Box Number is Not Acceptable)			
	RATON FL 33434		63		NAME OF THE OWNER OWNER OF THE OWNER		
			84	City	FI 85 Zip Code		
11. Pursuant to	o the provisions of Sections 607.0502	and 607 1508. Florida Statutes	the above-	l named corpora	ation submits this statement for the pur	oose of changing	its registered office
or registere	ed agent, or both, in the State of Florida h, and accept the obligations of, Section	<ul> <li>Such change was authorized</li> </ul>	by the com	oration's boar	d of directors. I hereby accept the appo	ointment as regist	ered agent. I am
SIGNATURE _	and the complete of the constant of the consta						
12.	Signature Typoid or printed manural regional age in a OFFICERS AND		Fregutered Ages  13.	d signature miqures:	ADDITIONS/CHANGES TO OFF	DATE	CTORS IN 12
TITLE	OFFICERS AND DIRECTORS PCD DELETE		1. 1 TITLE		ADDITIONS OF ANGLE TO OFF	☐ Cha	
NAME	WOLFSON, CARL S	2.3	1.2 NAME			_	_
STREET ADDRESS ONE MADISON AVENUE, 26		6A	1.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		1.4 CITY - SI - ZIP				
TITLE	<b>VD</b> DELETE		2 1 1111.5			☐ Cha	nge 🔲 Addition
NAME	WOLFSON, IRA L		2 ? NAME				
STREET ADDRESS	ONE MADISON AVENUE, 20	6A	23 STREET	ADDRESS			
CHTY - ST - ZIP	NEW YORK NY	E) brien	2.4 C/TY 5	ST - ZIP			ana El Addiso
TITLE	VSD DELETE WOLFSON, RONNIE E		3 1 THE 3 2 NAME			, . 🔲 Cha	nge
NAME STREET ADDRESS	OUE MADOON MENTE OOL		3.3 STHEET ADDRESS				
	NEW YORK NY	vn	3 4 CITY - S				
CITY - ST - ZIP TITLE	TD DELETE		4 1 TI*LE			Cha	nge Addition
NAME	WOLFSON, AARON T		4.2 NAME				
STREET ADORESS	ONE MADISON AVENUE, 26A		4.3 STHEE! ADDRESS				
CITY-ST-ZIP	NEW YORK NY		4.4 CITY - \$1 - 7IP				
TITLE	AS DELETE		5 1 IIILF			☐ Cha	nge 🔲 Addition
NAME	PASTERNAK, CANDIS S		5.2 NAME				
STREET ADDRESS	ONE MADISON AVENUE, 2	6A		F ADDRESS			
CITY-ST-ZIP	NEW YORK NY	Belefit	5.4 CITY - 5	ST-ZIP		F1 0	one D Addison
TITLE		DELETE.	6 1 TUILE			☐ Cha	nge 🗌 Addition
NAME STREET ADDROSES			6 2 NAME	r voontee			
STREET ADDRESS			4	LADDRESS			
CITY-ST-ZiP 14. Lido hereb	Large of that the information supplied w	vith this filing is voluntarily Airnis	640IIY-: shed and doe		or the exemption stated in Section 119	.07(3)(k), Florida S	tatutes. 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 for on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFECTOR

4-10-96

CR2E034 (12/95)