

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000005261 (1)

1. Corporation Name

JEROME REALTY COMPANY



Principal Place of Business

ONE MADISON AVENUE, 26A  
NEW YORK NY 10010-3603

Mailing Address

ONE MADISON AVENUE, 26A  
NEW YORK NY 10010-3603

2. Principal Place of Business

2a. Mailing Address

21

26

11 Market Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Poughkeepsie NY

City & State

City & State

23

28

12601

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WOLFSON, CARL S  
19343 SABAL LAKE DRIVE  
BOCA RATON FL 33434

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/27/1995

3a. Date of Last Report

4. FEI Number

13-0886830

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature typed or printed name of registered agent in block capital letters

(NOTE: Registered Agent signature required when not state agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCO ☐ DELETE  
NAME WOLFSON, CARL S  
STREET ADDRESS ONE MADISON AVENUE, 26A  
CITY-STATE-ZIP NEW YORK NY

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

TITLE VO ☐ DELETE  
NAME WOLFSON, IRA L  
STREET ADDRESS ONE MADISON AVENUE, 26A  
CITY-STATE-ZIP NEW YORK NY

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE VSD ☐ DELETE  
NAME WOLFSON, RONNIE E  
STREET ADDRESS ONE MADISON AVENUE, 26A  
CITY-STATE-ZIP NEW YORK NY

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE TD ☐ DELETE  
NAME WOLFSON, AARON T  
STREET ADDRESS ONE MADISON AVENUE, 26A  
CITY-STATE-ZIP NEW YORK NY

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

TITLE AS ☐ DELETE  
NAME PASTERNAK, CANDIS S  
STREET ADDRESS ONE MADISON AVENUE, 26A  
CITY-STATE-ZIP NEW YORK NY

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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 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 (12/95)