FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000005261 (1)

1. Corporation Name

JEROME REALTY COMPANY

Principal Place of Business	Mailing Address
11 MARKET STREET **POUGHKEEPSIE NY 12601-3215** **US**	**11 MARKET STREET** **POUGHKEEPSIE NY 12601-3215** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/27/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **13-0886830**	Applied For / Not Applicable
21	26		
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New 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

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	PCD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WOLFSON, CARL S		1.2 NAME		
STREET ADDRESS	11 MARKET STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	POUGHKEEPSIE NY		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOLFSON, IRA L		2.2 NAME		
STREET ADDRESS	11 MARKET STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	POUGHKEEPSIE NY		2.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WOLFSON, RONNIE E		3.2 NAME		
STREET ADDRESS	11 MARKET STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	POUGHKEEPSIE NY		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WOLFSON, AARON T		4.2 NAME		
STREET ADDRESS	11 MARKET STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	POUGHKEEPSIE NY		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PASTERNAK, CANDIS S		5.2 NAME		
STREET ADDRESS	11 MARKET STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	POUGHKEEPSIE NY		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: X _____   4-2[-88   914-454-...