

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 02 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 # F96000003076 (4)

1. Corporation Name

WHML-S GEN-PAR, INC.



Principal Place of Business

100 CRESCENT COURT, STE. 1000
DALLAS TX 75201

Mailing Address

~~100 CRESCENT COURT, STE. 1000~~
~~DALLAS TX 75201~~

85 Broad Street, 19th Floor
New York, NY 10004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1996

4. FEI Number

76-2654418

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

C T 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, 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 D ☒ DELETE
NAME HAMAMOTO, DAVID T
STREET ADDRESS 85 BROAD ST.
CITY-ST-ZIP NEW YORK NY 10004

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME Stuart Rothenberg
1.3 STREET ADDRESS 85 Broad Street, 19th Floor
1.4 CITY-ST-ZIP New York, NY 10004

TITLE P ☐ DELETE
NAME NEIDICH, DANIEL M
STREET ADDRESS 85 BROAD ST.
CITY-ST-ZIP NEW YORK NY 10004

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

TITLE V ☐ DELETE
NAME SISKIND, EDWARD M
STREET ADDRESS 85 BROAD ST.
CITY-ST-ZIP NEW YORK NY 10004

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

TITLE V ☐ DELETE
NAME WILLIAMS, TODD A
STREET ADDRESS 85 BROAD ST.
CITY-ST-ZIP NEW YORK NY 10004

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

TITLE V ☐ DELETE
NAME KLINGHER, MICHAEL K
STREET ADDRESS 85 BROAD ST.
CITY-ST-ZIP NEW YORK NY 10004

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

TITLE V ☐ DELETE
NAME O'BRIEN, ELIZABETH A
STREET ADDRESS 85 BROAD ST.
CITY-ST-ZIP NEW YORK NY 10004

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

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 its 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:

8-14-98

CR2E034 (5/98)