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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600003076

1. Corporation Name

Zip

24

WHML-S GEN-PAR, INC.					
Principal Place of Business	Mailing Address	T PROFILM THE HOLL BUILD BEING	#14# 11fil ##141 1##1# #147 1 5		
100 CRESCENT COURT, STE. 1000 DALLAS TX 75201	85 Broad Street 19th Floor New York NY 10004	DO NOT WRITE IN THIS SPACE			
	US	3. Date Incorporated or Qualifed 06/18/1996			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	76-2654418	Not Applicat		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be		

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

25

Country

9. Name and Address of Current Registered Agent

Zip

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		Personal Property Tax.	[⊒ Yes	□No
		10. Name and Address of New Re	gistered A	gent	
81	Name				
02	Ctoool Add	(D.O. Boy Number is Not Assentable	(n)		
82	Street Addi	ess (P.O. Box Number is Not Acceptable	(C)		
83	Street Addi	ess (P.O. box Nulliber is Not Acceptable			

8. This corporation owes the current year Intangible

Trust Fund Contribution

05-10-1999 90153 008 ***150.00

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.

Country

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D	DELETE	1.1 TITLE		☐ Change	☐ Addition				
NAME	ROTHENBERG, STUART		12 NAME			i				
STREET ADDRESS	85 BROAD STREET, 19TH FLOOR		1.3 STREET ADDRESS							
CITY-ST-ZIP	NEW YORK NY 10004		14 CITY-ST-ZIP							
TITLE	P	DELETE	2.1 TITLE		Change	☐ Addition				
NAME	NEIDICH, DANIEL M		2.2 NAME							
STREET ADDRESS	85 BROAD ST.		2.3 STREET ADDRESS							
CITY-ST-ZIP	NEW YORK NY 10004		2. 4 CITY-ST-ZIP							
TITLE	V	DELETE	3.1 TITLÉ		Change	☐ Addition				
NAME	SISKIND, EDWARD M		3.2 NAME							
STREET ADDRESS	85 BROAD ST.		3.3 STREET ADDRESS							
CITY-ST-ZIP	NEW YORK NY 10004		3.4. CITY-ST-ZIP							
TITLE	V	☐ DELETE	4.1 TITLE		Change	☐ Addition				
NAME	WILLIAMS, TODD A		4. 2 NAME							
STREET ADDRESS	85 BROAD ST.		4.3 STREET ADDRESS							
CITY-ST-ZIP	NEW YORK NY 10004		4.4 CITY-ST-ZIP							
TITLE	ν	OF DELETE	5.1 TITLE	VPAT	Change	Addition				
NAME	KLINGHER, MICHAEL K		5.2 NAME	Brian J. Laher 10 Hanover Square						
STREET ADDRESS	85 BROAD ST.		5.3 STREET ADDRESS	10 Hanover Square						
CITY-ST-ZIP	NEW YORK NY 10004		5.4 CITY-ST-ZIP	NY NY 10005						
TITLE	V	☐ DELETE	6.1 TITLE		Change	☐ Addition				
NAME	O'BRIEN, ELIZABETH A		6.2 NAME							
STREET ADDRESS	85 BROAD ST.		6.3 STREET ADDRESS							
CITY-ST-ZIP	NEW YORK NY 10004		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 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, with all other like empowered.

SIGNATURE:

Brian

Added to Fees