**FILED** 

May 10, 1999 8:00 am Secretary of State

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**CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9800001289

W9/PHC GEN-PAR, INC.

Principal Place of Business		Mailing Address				I INDICED THE ISSUE INSER AND IS		2191 (1218 1188)	1 1911 <b>9</b> 1911 1991
85 BROAD STREET		85 BROAD STREET							
REAL ESTATE DEPT., 19TH FL		REAL ESTATE DEPT., 19TH FL			DO NOT WRITE IN THIS SPACE				
NEW YORK NY 10004		NEW YORK NY 10004		-	3. Date Incorporated or Qualifed				
						03/06/1998	-		-
2. Oringinal Di	lace of Business	2a. Mailing Address			$\rightarrow$	4. FEI Number		A	pplied For
<del></del>	lace of Business				İ	75-2731928		<del> </del>	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.							Additional
22		27				5. Certifcate of Status Desired		Fee R	equired
City & State		City & State				6. Election Campaign Financing	3 (	\$5.00	May Be
23		28				Trust Fund Contribution	<b>'</b> []	Added	to Fees
Zip	Country	Zip	Country	,		8. This corporation owes the cu	rrent year Inta	angible	_
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New	Registered A	Ag <u>ent</u>	
			81	Name					
	CORPORATION SYSTEM		82	Street	Address	s (P.O. Box Number is Not Accep	table)		
	SOUTH PINE ISLAND ROAD					·			
PLAN	NTATION FL 33324		83						
			84	City		,		85 Zip	Code
			<u>_</u>				FĻ	<u> </u>	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statuti	es, the abov	e-named the corn	corpora	ition submits this statement for this board of directors. I hereby acc	e purpose of ept the appoir	changing it: ntment as ri	s registered egistered
onice of the	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statutes	i.,		,	, ,,		_
ayencia									
							0.175		
SIGNATURE	Signature, typed or printed name of registered age		: Registered Age		required w		DATE SEEICERS AN	D DIRECT	ORS IN 12
SIGNATURE	OFFICERS AN	ND DIRECTORS	: Registered Age		required w	nen reinstating) ADDITIONS/CHANGES TO C			
SIGNATURE  12.  TITLE	OFFICERS AN		13.		required w			ID DIRECT	
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CITY-ST-ZIP

STREET ADDRESS 85 BROAD STREET

**NEW YORK NY** 

SIGNATURE: SIGNATURE AND TYPED OR PRINTED

NAME OF SIGNING OFFICER OR DIRECTOR Brian Lahen

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 the empowered.

6.4 CITY-ST-ZIP