

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

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN 29 AM 9:22

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1998

4. FEI Number

11-3440062

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

Principal Place of Business

44 SOUTH BAYLESS AVENUE
PORT WASHINGTON NY 11050

Mailing Address

44 SOUTH BAYLESS AVENUE
PORT WASHINGTON NY 11050

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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

300002766093--2

84 City

-02/05/99-01082-003

****150.00 ****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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ULMAN, LEO S
STREET ADDRESS 44 SOUTH BAYLESS AVENUE
CITY-ST-ZIP PORT WASHINGTON NY 11050

TITLE VTD ☐ DELETE

NAME WALKER, BRENDA J
STREET ADDRESS 44 SOUTH BAYLESS AVENUE
CITY-ST-ZIP PORT WASHINGTON NY 11050

TITLE V ☐ DELETE

NAME FASCIANO, JOHN
STREET ADDRESS 44 SOUTH BAYLESS AVENUE
CITY-ST-ZIP PORT WASHINGTON NY 11050

TITLE S ☐ DELETE

NAME WIDOWSKI, STUART
STREET ADDRESS 44 SOUTH BAYLESS AVENUE
CITY-ST-ZIP PORT WASHINGTON NY 11050

TITLE C ☐ DELETE

NAME MANIERI, ANN
STREET ADDRESS 44 SOUTH BAYLESS AVENUE
CITY-ST-ZIP PORT WASHINGTON NY 11050

TITLE D ☐ DELETE

NAME MILLER III, EVERETT B
STREET ADDRESS 44 SOUTH BAYLESS AVENUE
CITY-ST-ZIP PORT WASHINGTON NY 11050

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE DIRECTOR ☐ Change ☒ Addition

15 NAME J.A.M. Der Kinderen
16 STREET ADDRESS 44 South Bayless Ave
17 CITY-ST-ZIP Port Washington, NY 11050

21 TITLE DIRECTOR ☐ Change ☒ Addition

22 NAME Jean-Bernard Wurm
23 STREET ADDRESS 44 South Bayless Ave
24 CITY-ST-ZIP Port Washington, NY 11050

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)