


FILED

Jul 08 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<div style="display: flex; justify-content: space-between; align-items: center;"> <span><b>DOCUMENT # J17359</b></span> <span><b>(7)</b></span> </div> <p>1. Corporation Name <b>WHAM LEASING CORP.</b></p>		
Principal Place of Business <b>1305 PATERSON PARK ROAD</b> <b>NO. BERGEN NJ 07047</b>		Mailing Address <b>1305 PATERSON PARK ROAD</b> <b>NO. BERGEN NJ 07047</b>
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip      Country 24                  25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip      Country 29                  30	
<b>3. Name and Address of Current Registered Agent</b>		
<b>COHEN, ROBERT B.</b> <b>691 NORTH COUNTY ROAD</b> <b>PALM BEACH FL 33480</b>		81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate 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 filer if applicable. (NOTE: Registered Agent signature required)		
<b>12. OFFICERS AND DIRECTORS</b>		
TITLE	<b>P</b> <input type="checkbox"/> DELETE <b>JOROFF, HOWARD I.</b> <b>1305 PATERSON PLANK ROAD</b> <b>NORTH BERGEN, NJ.</b>	1.1 TITLE
NAME		1.2 NAME
STREET ADDRESS		1.3 STREET ADDRESS
CITY - ST - ZIP		1.4 CITY - ST - ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE <b>COHEN, ROBERT</b> <b>1305 PATERSON PLANK RD.</b> <b>NORTH BERGEN, NJ.</b>	2.1 TITLE
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY - ST - ZIP		2.4 CITY - ST - ZIP
TITLE	<b>S</b> <input type="checkbox"/> DELETE <b>LIPPMAN, MARSHALL</b> <b>1305 PATERSON PLANK RD.</b> <b>NORTH BEGEN NJ</b>	3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY - ST - ZIP		3.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY - ST - ZIP		4.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/03/1986</b>		
4. FEI Number <b>13-3348672</b>	Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent		
less (P.O. Box Number is Not Acceptable)		
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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOROFF, HOWARD I.</b>	1.2 NAME	
STREET ADDRESS	<b>1305 PATERSON PLANK ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORTH BERGEN, NJ.</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>1305 PATERSON PLANK RD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORTH BERGEN, NJ.</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIPPMAN, MARSHALL</b>	3.2 NAME	
STREET ADDRESS	<b>1305 PATERSON PLANK RD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORTH BEGEN NJ</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

CR2E034 (10/97)