FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 24 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K00099** **(7)**

1. Corporation Name
WESTBURY TERMINALS, INC.

Principal Place of Business	Mailing Address
% S. HARVEY ZIEGLER 7333 N.W. 12TH ST. MIAMI FL 33126-6910	% S. HARVEY ZIEGLER 21 VANDERVENTE AVE. PORT WASHINGTON NY 11050 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1987
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business	2a. Mailing Address
21 WESTBURY TERMINALS, INC.	26 WESTBURY TERMINALS, INC.
Suite, Apt. #, etc. 22 21 VANDERVENTER AVE.	Suite, Apt. #, etc. 27 21 VANDERVENTER AVE.
City & State 23 PORT WASHINGTON, NY	City & State 28 PORT WASHINGTON, NY
Zip 24 11050 Country 25	Zip 29 11050 Country 30

4. FEI Number: 11-2889940 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOREMNY, BRIAN ESQ. % KIRKPATRICK & LOCKHART 201 S BISCAYNE BLVD., SUITE 2000 MIAMI FL 33131-2305	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1 1 TITLE		☐ Change ☐ Addition
NAME	CASAMASSIMA, EMANUEL J.	1 2 NAME		
STREET ADDRESS	21 VANDERVENTE AVE.	1 3 STREET ADDRESS		
CITY-ST-ZIP	PORT WASHINGTON NY	1 4 CITY-ST-ZIP		
TITLE	D	2 1 TITLE		☐ Change ☐ Addition
NAME	CASAMASSIMA, MARGARET H.	2 2 NAME		
STREET ADDRESS	21 VANDERVENTE AVE.	2 3 STREET ADDRESS		
CITY-ST-ZIP	PORT WASHINGTON NY	2 4 CITY-ST-ZIP		
TITLE	D	3 1 TITLE		☐ Change ☐ Addition
NAME	CASAMASSIMA, O. GENE	3 2 NAME		
STREET ADDRESS	21 VANDERVENTE AVE.	3 3 STREET ADDRESS		
CITY-ST-ZIP	PORT WASHINGTON NY	3 4 CITY-ST-ZIP		
TITLE	D	4 1 TITLE		☐ Change ☐ Addition
NAME	CASAMASSIMA, MATTHEW E.	4 2 NAME		
STREET ADDRESS	21 VANDERVENTE AVE.	4 3 STREET ADDRESS		
CITY-ST-ZIP	PORT WASHINGTON NY	4 4 CITY-ST-ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] pres 4/14/95 516-883-8400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

047A95 FR