FEE TO AVOID FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 22 1998 8:00am
Secretary of State

A.

DOCUMENT # P26617 (1)

WALLACH MARINE CORPORATION

Principal Place of Business	Mailing Address
~~100 CHARLES LINDBERGH BLVD~~	~~100 CHARLES LINDBERGH BLVD~~
~~UNIONDALE NY 11553~~	~~UNIONDALE NY 11553~~
~~US~~	~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1989

2. Principal Place of Business	2a. Mailing Address
21 999 STEWART AVE	26 999 STEWART AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BETHPAGE NY	28 City & State: BETHPAGE NY
24 Zip: 11714 25 Country: NASSAU	29 Zip: 11714 30 Country: NASSAU

4. FEI Number: 11-2855068 — 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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: Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WALLACH, LAWRENCE	
STREET ADDRESS	61 SEAWANE RD.	
CITY-ST-ZIP	E. ROCKAWAY NY	
TITLE	S	☐ DELETE
NAME	IATROPOL, STEVE	
STREET ADDRESS	143-03 22ND AVE.	
CITY-ST-ZIP	WHITESTONE NY	
TITLE	V	☐ DELETE
NAME	KUTNICK, NATHAN	
STREET ADDRESS	29 CLEARLAND AVE.	
CITY-ST-ZIP	CARLE PLACE NY	
TITLE	D	☐ DELETE
NAME	WALLACH, WILLIAM	
STREET ADDRESS	1101 HARBOR ROAD	
CITY-ST-ZIP	HEWLETT HARBOR NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	WALLACH, WILLIAM	
1.3 STREET ADDRESS	2730 INVERRARY DRIVE-3P	
1.4 CITY-ST-ZIP	LAUDERHILL, FLA. 33319	
2.1 TITLE	S	☐ Change ☐ Addition
2.2 NAME	IATROPOL, STEVE	
2.3 STREET ADDRESS	143-03 22ND AVE.	
2.4 CITY-ST-ZIP	WHITESTONE NY	
3.1 TITLE	V	☐ Change ☐ Addition
3.2 NAME	KUTNICK, NATHAN	
3.3 STREET ADDRESS	29 CLEARLAND AVE.	
3.4 CITY-ST-ZIP	CARLE PLACE N.Y.	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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I hereby certify that the information supplied with this filing, and for purpose of qualifying 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 a director or officer 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 above, or on an attached sheet with an address.

SIGNATURE: Nathan Kutnick VICE PRESIDENT NATHAN KUTNICK 6-30-98 516-393-4763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR