

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P30948**

(4)

1. Corporation Name

WISMER*MARTIN, INC.

Principal Place of Business

**NORTH 12828 NEWPORT HIGHWAY
MEAD WA 98021**

Mailing Address

**NORTH 12828 NEWPORT HIGHWAY
MEAD WA 98021**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1990

4. FEI Number

91-1196514

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

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 **1200 The American Rd**

27 Suite, Apt #, etc.

28 **Morris Plains, NJ**

29 **07950** 30 **USA**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

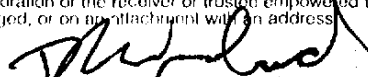
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	JEFFERY PICOWER	
STREET ADDRESS	1200 THE AMERICAN RD	
CITY-ST-ZIP	MORRIS PLAINS NJ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MEHDI MOUSSAVI	
STREET ADDRESS	N12828 NEWPORT HWY	
CITY-ST-ZIP	MEAD WA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JACK MORTELL	
STREET ADDRESS	1200 THE AMERICAN RD	
CITY-ST-ZIP	MORRIS PLAINS NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	THOMAS WRABACK	
STREET ADDRESS	1200 THE AMERICAN RD	
CITY-ST-ZIP	MORRIS PLAINS NJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUSS RICCI	
STREET ADDRESS	1200 THE AMERICAN RD	
CITY-ST-ZIP	MORRIS PLAINS NJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FREDERIC GREENBERG	
STREET ADDRESS	1200 THE AMERICAN RD	
CITY-ST-ZIP	MORRIS PLAINS NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PRESIDENT
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CFO
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FREDERIC GREENBERG
6.3 STREET ADDRESS	
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.

SIGNATURE:



1/6/98

(973)490-3100

CR2E034 (10/97)