

FILE NOW: 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

DOCUMENT # P39917 (0)
1. Corporation Name
ZETAR CORPORATION

Principal Place of Business Mailing Address
% WEISSBARTH, ALTMAN & MICHAELSON % WEISSBARTH, ALTMAN & MICHAELSON
156 WEST 56TH STREET 156 WEST 56TH STREET
NEW YORK NY 10019 NEW YORK NY 10019

FILED

98 JUL 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/04/1992
4. FEI Number
13-3553847
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 2a. Mailing Address
21 % BLOOM HOCHBERG & CO., P.C. 26 % BLOOM HOCHBERG & CO., P.C.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 450 SEVENTH AVENUE 27 450 SEVENTH AVENUE
City & State City & State
23 NEW YORK, NEW YORK 28 NEW YORK, NEW YORK
Zip Country Zip Country
24 10123 25 10123 29 10123 30 10123

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	MICHAELSON, ROBERT T.	
STREET ADDRESS	156 W 56TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BAKER, EDWIN H.	
STREET ADDRESS	250 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GANG, MARTIN	
STREET ADDRESS	156 WEST 56TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSS, CORA D	
STREET ADDRESS	250 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	300002602003--9
1.3 STREET ADDRESS	-07/29/98--01081--019
1.4 CITY-ST-ZIP	***150.00 ***150.00
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PTSD
2.3 STREET ADDRESS	BAKER, EDWIN H.
2.4 CITY-ST-ZIP	250 PARK AVENUE NEW YORK NY
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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:

SIGNATURE REQUIRED

G. Baker 6/24/98 212-351-4710

BLOOM HOCHBERG & CO., P. C.

CERTIFIED PUBLIC ACCOUNTANTS

450 SEVENTH AVENUE

NEW YORK, N.Y. 10123

TELEPHONE

(212) 244-2112

FAX

(212) 629-5058

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, Florida 32314

July 13, 1998

Re: Zetar Corporation
Ref. Number: P39917

Dear Sir or Madam:

We previously wrote to you explaining the late filing of the Annual Report and requested that the taxpayer not be penalized for the late filing. You rejected our request and sent back the reports for additional payment. I want to clarify and further explain the reason for the late filing and request an abatement of the late filing fee.

The address on the Annual Report is that of the taxpayer's former accountants. In November, 1997, the taxpayer decided to change accounting firms and engaged our firm as their new accountants. Unfortunately, the transition was not smooth as the former accountants were not cooperative in remitting information and documents to us. When we began preparing the corporate tax returns for the taxpayer in June, 1998, we inquired about the filing of the Annual Reports which apparently were being held by the former accountants. We finally received the Reports and immediately completed them and filed them with the appropriate fee. Since we, as the representative of the taxpayer, did not receive this form in a timely manner, it would be unfair to the taxpayer to penalize them for circumstances beyond their control. The taxpayer has always complied with their filing requirements, and it would cause a hardship to penalize them especially considering these special circumstances. Therefore, we respectfully request that you abate the late filing fee.

Thank you for your cooperation.

Very truly yours,
Bloom Hochberg & Co., P.C.

Michael Miller, CPA