

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

APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P39949** (3)
1. Corporation Name
WOODSWALK, INC.

Principal Place of Business % WEISSBARTH, ALTMAN & MICHAELSON 156 WEST 56TH STREET NEW YORK NY 10019	Mailing Address % WEISSBARTH, ALTMAN & MICHAELSON 156 WEST 56TH STREET NEW YORK NY 10019
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 % BLOOM HOCHBERG & CO., P.C. Suite, Apt. #, etc. 22 450 SEVENTH AVENUE City & State 23 NEW YORK, NEW YORK Zip 24 10123	2a. Mailing Address 26 % BLOOM HOCHBERG & CO., P.C. Suite, Apt. #, etc. 27 450 SEVENTH AVENUE City & State 28 NEW YORK, NEW YORK Zip 29 10123
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3. Date Incorporated or Qualified 08/06/1992	4. FEI Number 13-3591192	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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		

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL
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10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MICHAELSON, ROBERT T. 156 W 56TH STREET NEW YORK NY <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BAKER, EDWIN H. 250 PARK AVENUE NEW YORK NY <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PTSD BAKER, EDWIN H. 250 PARK AVENUE NEW YORK, NY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GANG, MARTIN 156 WEST 56TH STREET NEW YORK NY <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	900002601969--6 -07/29/98--01083--018 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSS, CORA D 250 PARK AVE NEW YORK NY <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ 6/22/98 212-351-4710

2012

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: Woodswalk, Inc.
Ref. Number: P39949

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