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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90188 039 \*\*\*150.00

DOC	JMENT :	# P980	100062	569

1. Corporation Name

WHITEHALL GROUP INC.



Mailing Address Principal Place of Business 290 COCONUT AVE. 290 COCONUT AVE. SARASOTA FL 34236 SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/16/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 Suite, Apt. #, etc. Suite, Ant. #. etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip This corporation owes the current year Intangible Personal Property Tax. □No 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LICHTER, DON 82 Street Address (P.O. Box Number is Not Acceptable) 290 COCONUT AVE. SARASOTA FL 34236 83 84 City 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 applicab	a (NOTE: Re	egistered Agent signature re	equired when reinstating)		DATE				
12.	OFFICERS AND DIRECTORS	13.		S/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition		
NAME	MALAMUD, NEIL N		1.2 NAME							
STREET ADDRESS	1717 2ND STREET, STE.A		1.3 STREET ADDRESS							
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CITY-ST-ZIP	<u></u>						
TITLE	D	☐ DELETE	2.1 TITLE			[	Change	☐ Addition		
NAME	LICHTER, DON		2.2 NAME							
STREET ADDRESS	290 COCONUT AVE.		2.3 STREET ADDRESS	l						
CITY-ST-ZIP	SARASOTA FL 34236	·	2. 4 CITY+ST-ZIP					<u></u>		
TITLE		DELETE	3.1 TITLE				_ Change	☐ Addition		
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>						
TITLE		□ DELETE	4.1 TITLE			[	Change	Addition		
NAME			4. 2 NAME	1						
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP	·		4.4 CITY-ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE			Ĺ	] Change	Addition		
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP	· •						
TITLE		DELETE	6.1 TITLE				_ Change	☐ Addition		
NAME }			6.2 NAME	!						
STREET ADDRESS			6.3 STREET ADDRESS							
CITY, ST. 7IP			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 a ess, with all other like empowered.