

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S44828** (9)

1. Corporation Name  
**WEBSTER/SYGNE CORPORATION**



Principal Place of Business: **8405 N.W. 53RD STREET SUITE 109 MIAMI FL 33166 US**  
Mailing Address: **8405 N.W. 53RD STREET SUITE 109 MIAMI FL 33166 US**

3. Date Incorporated or Qualified: **04/12/1991**  
3a. Date of Last Report: **04/25/1995**  
4. FEI Number: **65-0255697**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **8401 N.W. 53RD TERR SUITE 109 MIAMI FL**  
2a. Mailing Address: **8401 N.W. 53RD TERR SUITE 109 MIAMI FL**  
22. Suite, Apt. #, etc.: **SUITE 109**  
27. Suite, Apt. #, etc.: **SUITE 109**  
23. City & State: **MIAMI FL**  
28. City & State: **MIAMI FL**  
24. Zip: **33166** 25. Country: **US**  
29. Zip: **33166** 30. Country: **US**

9. Name and Address of Current Registered Agent  
**REICH, DONALD  
8401 NW 53RD TERRACE  
SUITE 109  
MIAMI FL 33166**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-listing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, RUTH C</b>	1.2 NAME	
STREET ADDRESS	<b>22 HILLSIDE TERRACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PACKANACK LAKE NJ</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLAZA, LILY</b>	2.2 NAME	
STREET ADDRESS	<b>10808 S.W. 72 ST #134</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLAZA, RUBEN</b>	3.2 NAME	
STREET ADDRESS	<b>10808 S.W. 72 ST #134</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUTIGNANO, WENDY H</b>	4.2 NAME	
STREET ADDRESS	<b>58A HOBART STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HACKENSACK NJ</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAMBROSIO, FRANK</b>	5.2 NAME	
STREET ADDRESS	<b>43 AMHERST DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAYVILLE NJ</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REICH, DONALD</b>	6.2 NAME	
STREET ADDRESS	<b>40 W. RIDGEWOOD AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RIDGEWOOD NJ</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* 3/25/96 (305) 593-1654  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)