


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

FILED
May 08 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # S44828 (9)
 1. Corporation Name
WEBSTER/SYGNE CORPORATION



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 8401 NW 53RD TERR STE 109 MIAMI FL 33166 US | Mailing Address 8401 NW 53RD TERR STE 109 MIAMI FL 33166 US |
|--|--|

3. Date Incorporated or Qualified
04/12/1991

| | |
|---|--|
| 2. Principal Place of Business 21 9450 S.W. 72ND STREET Suite, Apt. #, etc. 22 SUITE 104 City & State 23 MIAMI FL Zip Country 24 33173 USA | 2a. Mailing Address 26 9450 SW 72ND STREET Suite, Apt. #, etc. 27 SUITE 104 City & State 28 MIAMI FL Zip Country 29 33173 USA |
|---|--|

4. FEI Number **65-0255697**
 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

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 **REICH, DONALD**
 82 Street Address (P.O. Box Number is Not Acceptable) **9450 SW 72 ST #104**
 83
 84 City **MIAMI** **FL** 85 Zip Code **33173**

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 | C <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALL, RUTH C | 1.2 NAME | |
| STREET ADDRESS | 22 HILLSIDE TERRACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PACKANACK LAKE NJ | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PLAZA, LILY | 2.2 NAME | |
| STREET ADDRESS | 10808 S.W. 72 ST #134 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PLAZA, RUBEN | 3.2 NAME | |
| STREET ADDRESS | 10808 S.W. 72 ST #134 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PUTIGNANO, WENDY H | 4.2 NAME | |
| STREET ADDRESS | 58A HOBART STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HACKENSACK NJ | 4.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAMBROSIO, FRANK | 5.2 NAME | |
| STREET ADDRESS | 43 AMHERST DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BAYVILLE NJ | 5.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REICH, DONALD | 6.2 NAME | |
| STREET ADDRESS | 40 W. RIDGEWOOD AVENUE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | RIDGEWOOD NJ | 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: _____ **4-7-98 (305) 412-1060**

CR2E034 (10/97)