


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90061 004 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # S44828
 1. Corporation Name
WEBSTER/SYGNE CORPORATION



| | |
|--|---|
| Principal Place of Business 9450 S W 72ND ST STE 104 MIAMI FL 33173 US | Mailing Address 9450 S W72ND ST STE 104 MIAMI FL 33173 US |
|--|---|

DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------------|---------------------------|--|--|-------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 04/12/1991 | 4. FEI Number 65-0255697 | Applied For Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State 23 | City & State 28 | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Zip 24 | Country 25 | Zip 29 | Country 30 | |

| | | | |
|---|--|---|----------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| REICH, DONALD 9450 SW 72ND ST, #104 SUITE 109 MIAMI FL 33173 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 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, with all other like empowered.

SIGNATURE: RUBEN PLAZA 4/30/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0246839 141100