

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 23 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 857233 (1)

1. Corporation Name
EDWARD WECK, INCORPORATED



Principal Place of Business TAX DEPARTMENT 3RD FLOOR 345 PARK AVENUE NEW YORK NY 10154 US	Mailing Address TAX DEPARTMENT - 10TH FLOOR P.O. BOX 225. FOR STATION NEW YORK NY 10150
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/27/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 11-2005538	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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 C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEMPEL, GEORGE P		1.2 NAME	
STREET ADDRESS WECK DRIVE, RESEARCH TRIANGLE PARK		1.3 STREET ADDRESS	
CITY-ST-ZIP NORTH CAROLINA		1.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRENNAN, ALICE C.		2.2 NAME	
STREET ADDRESS 345 PARK AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY 10154		2.4 CITY-ST-ZIP	
TITLE VT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAINES, HARRISON M., JR.		3.2 NAME	
STREET ADDRESS 345 PARK AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEZZAPPELLE, DOMINIC		4.2 NAME	
STREET ADDRESS 345 PARK AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY 10154		4.4 CITY-ST-ZIP	
TITLE DV	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEE, MICHAEL F.		5.2 NAME	
STREET ADDRESS 345 PARK AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY 10154		5.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZABOR, DAVID L.		6.2 NAME	
STREET ADDRESS 345 PARK AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY		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: *Alice C. Brennan* **ALICE C. BRENNAN** 7/13/98 546-4714

CR2E034 (5/98)