

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janet B. Abernethy
Secretary of State
OFFICE OF CORPORATIONS

APPROVED
AND
FILED
95 MAY -1 AM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **836928** (2)
1. Corporation Name
FIRST COMMERCIAL CORPORATION SOUTHEAST

Principal Place of Business: **2331 ROUTE 34 WALL TOWNSHIP NJ 08720**
Mailing Address: **2331 ROUTE 34 WALL TOWNSHIP NJ 08720**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/30/1976** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **22-2105123** 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 has liability for intangible tax under S. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: 21. State, Apt. # etc.: 22. City & State: 23. ZIP: 24. Mailing Address: 25. State, Apt. # etc.: 26. City & State: 27. ZIP: 28. City & State: 29. ZIP: 30. City & State:

9. Name and Address of Current Registered Agent
**ZOCHOWSKI, T. ROBERT
1001 N. U.S. HIGHWAY ONE
SUITE 500
JUPITER FL 33477**

10. Name and Address of New Registered Agent
B1. Name: B2. Street Address (P.O. Box Number is Not Acceptable): B3. City: B4. State: **FL** B5. Zip Code:

11. Pursuant to the provisions of Sections 607.02(2)(b) and 607.02(3), 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. This 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 607.02(3), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995	
OFFICER	T SCHRAMA, DONALD E.(ASST) 10 WOODBINE RD. FLORHAM PARK NJ	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	PD SCHRAMA, ALFRED L. 100 LAKESHORE DR. N PALM BCH. FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	S SCHRAMA, ROBERT C. 12 SEA POINT DR. POINT PLEASANT NJ	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	D FORGOSH, PETER A. 15 QUAKER ROAD SHORT HILLS NJ	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 199.03(2)(b), 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 this corporation or the former or former 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 affidavit with an address.

SIGNATURE:
DONALD E. SCHRAMA, TREASURER

428-95 908 223-6100