

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

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**

3. Date Incorporated or Qualified: **08/30/1976**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **22-2105123**  
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. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

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  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.07(2) 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHRAMA, DONALD E. (ASST)</b>	
STREET ADDRESS	<b>10 WOODBINE RD.</b>	
CITY- ST- ZIP	<b>FLORHAM PARK NJ</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHRAMA, ALFRED L.</b>	
STREET ADDRESS	<b>100 LAKESHORE DR.</b>	
CITY- ST- ZIP	<b>N PALM BCH. FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHRAMA, ROBERT C.</b>	
STREET ADDRESS	<b>12 SEA POINT DR.</b>	
CITY- ST- ZIP	<b>POINT PLEASANT NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FORGOSH, PETER A.</b>	
STREET ADDRESS	<b>15 QUAKER ROAD</b>	
CITY- ST- ZIP	<b>SHORT HILLS NJ</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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\*\*\*225.00

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, and that I am duly authorized 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 as registered or change of agent with an address.

SIGNATURE: \_\_\_\_\_ DATE: **6-11-96**  
SIGNATURE AND TYPED NAME OF REGISTERED AGENT OR DIRECTOR: **Pres** DATE OF FILING: **908-223-6100**

CR2E034 (12/95)