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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 849236

(5)

FILED Jan 27 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 101 WOOD AVE 101 WOOD AVE					
ISELIN NJ 08830 ISELIN NJ 08830-2703					
				3. Date Incorporated or Qualifier 05/26/1981	3a. Date of Last Report 02/06/1996
2. Principal	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		22-1586002	Not Applicable
Suite, Ap	t #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	— + · · · · · · · · · · · · · · · · · ·
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25 Conn.ry	29	30	B. This corporation has liability to Florida Statutes	or intangible tax under s. 199.032, Yes No
[24]	9. Name and Address of Curr		30	10. Name and Address of New I	
CT	CORPORATION SYSTEM	****	81 Name		
1	OO S. PINE ISLAND ROAD		82 Street Ad	dress (P.O. Box Number is Not Accept	table
	ANTATION FL 33324		Sireer AG	dess (i .o. box radillas is not xoop	doley
'			63		
			84 City		85 Zip Code
					FL
office or	it to the provisions of Sections 607.0t r registered agent, or both, in the Sta Lam familiar with land accept the obli	502 and 507.1508, Florida Statuti ite of Florida. Such change was a idations of Section 607.0505. Fir	es, the above-named co authorized by the corpor orida Statutes	erporation submits this statement for the ation's board of directors. I hereby according to the statement of the statement for the ation's board of directors.	ept the appointment as registered
SIGNATURE		gar one of eacher out to the	mod Staterey.		
	Signature, typind or proted harse of registried a		Registered Agent signature req		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
T:TLF	CC	☐ DELETE	1.1 TUTLE		Change Addition
NAME:	SMITH, O.R. 101 WOOD AVE		1.2 NAME	,	
STREET A TORES!	ISEUN NJ		1.3 STREET ADDRESS		
TITLE	D	DELETE	1.4 CITY-ST-ZIP 21 TITLE		Change Addition
NAME	ANTONINI, MARION H	January 1997	22 NAME		
STREET ADDRESS	40 1 1440 00 11 11 11		2.3 STREET ADDRESS		
CITY - ST - ZIP	ISELIN NJ		2 4 CITY- ST-ZIP		
7111.5	VS	DELETE	3 1 TITLE		Change Addition
NAME	DORNBUSCH II, A.A.		3.2 NAME		
STREET ADDRESS	100 11000 1110		3.3 STREET ADDRESS		
CITY ST ZIF	ISELIN NJ		3 4. CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		Change Addition
NAME	NETTLES, WILLIAM E		4. 2 NAME		
STREET ADORESS	1 101 110 00 111=1100		4.3 STREET ADDRESS		
TITLE	ISELIN NJ	DELETE	4.4 CITY - ST - ZIP		Change Addition
NAME	SPERDUTO, MICHAEL A	ןן טוגנונ	5.1 TITLE 5.2 NAME		CT change CT vadural
STREET ADDRESS	1		53 STREET ADDRESS		ļ
	ISELIN NJ 08830				
CITY - ST - ZIP	D D	DELETE	5.4 CITY-ST-ZIP 61 TITLE		Change Addition
NAM:	SLACK, H.R		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHTY-ST-ZIP	ISELIN NJ		6.4 CITY-ST-ZIP		
14 Ldo bor	chu cortifu that the information grand	lica with this filing does not a joli		ed in Section 110 07/3/(i) Florida State	the I further continue that the

I do hereby certify that the information supplies 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 8 ock 13 if changed by on an address.

SIGNATURE:

Daytimo Phone #

0003576