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



PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	Mar 17 1997 8:00am Secretary of State	
DOCUMENT # F94 Corporation Name NWL TRANSFORMERS COM			
rincipal Place of Business	Mailing Address		
ISING SUN ROAD ORDENTOWN NJ 08505	RISING SUN ROAD BORDENTOWN NJ 08505		

								3. Date Incorporated or Qualified 3a. Date of Last Report 02/23/1994 03/18/1996
2. Principal	Place of Busine	ess.	28.	Mailing Address				4. FEI Number Applied For
21		26	٦ , , , , , , , , , , , , , , , , , , ,				21-0671000 Not Applicable	
Suite, Ap	t. #. etc.	,	120	Suite, Apt. #, etc.				00.75
22		27	<u></u>				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & St	ate		L	City & State				6. Election Campaign Financing \$5.00 May Be
23			28		<u> </u>			Trust Fund Contribution Added to Fees
Zip		Country		Zip	Cou	intry	1	8. This corporation has liability for intangible tax under s. 199,032,
24		5	29		30			Florida Statutes Yes No
	9, Name a	nd Address of Curi	ent Regis	tered Agent		L.,	····	10. Name and Address of New Registered Agent
SE	ITZ, ROBERT	W				81	Name	
	50 MONETAR					82	Street A	Address (P.O. Box Number is Not Acceptable)
	MERA BEACH					02	Oncern	radices (i.e. box (volide) is not neceptable)
••••						83		
ı					ļ	1	<u> </u>	
ı						84	City	FL 85 Zip Code
11. Pursuar	nt to the provision	ns of Sections 607.0	502 and 6	07.1508, Florida Statut	tes, the al	DOVE	L. e-named c	corporation submits this statement for the purpose of changing its registered
office or	r registered age	nt, or both, in the Sta	ate of Florid	da. Such change was	authorized	d by	v the corpo	poration's board of directors. I hereby accept the appointment as registered
•		i, and accept the ob	iigations of	, Section 607.0505, Fi	onda Stat	uies	5.	
SIGNATURE	Slanshire hand o	r printed name of registered	annay and tillo	d applicable (NO)	II. Bookstone	· And	ent e.o.: ature r	e required which reinstating) DATE
12.	Organica D. typeo D	OFFICERS A			13.	- Age	an aigi dio e i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TC			DELETE	1.1 70	TLF	T	Change Addition
NAME	SEITZ, JAN	JES D			1.2 NA			
STREET ADDRESS		VIEW LANE						
		EACH FL 33404			1		ADDRESS	
CITY-ST-ZIP	T TIVIETA D	EACH FL 33404		DELETE			ST-7IP	Change Addition
TITLE	OFFEE DO	npor		טנננונ	21 111] Change
NAME	SEITZ, RO				2.2 NA			
STREET ADDRESS					2.3 \$1	REET	ADDRESS	
CITY-ST-ZIP	RIVIERA B	EACH FL 33404					ST - ZIP	
TITLE	P			DELETE	3 1 TIT	T L E		Change Addition
NAME	SEITZ, J. (3.2 NA	ME	1	
STREET ADDRESS					3.3 S1	REET	ADDRESS	
CITY-ST-ZIP		EACH FL 33404			3.4 CI	TY - 5	ST-ZIP	
TITLE	VP	- "		☐ DELETE	4.1 7(1	ILE	T	Change Addition
NAME	SEITZ, EDI				4. 2 N	AME	1	
STREET ADDRESS		VIEW LANE			4.3 \$1	HEET	ADDRESS	
CITY-ST-ZIP	RIVIERA BI	EACH FL 33405			4.4 CI	TY-S	ST-ZIP	
TITLE				DELETE	51 111	·· ·		Change Addition
NAME					5 2 NA	MÉ		
STREET ADDRESS	; 				5.3 ST	REFT	ADDRESS	
CITY-ST-ZIP	1				5.4 CI			
TITLE	 			DELETE	6.1 III		1-617	Change Addition
NAME				L_1/L	6.2 NA		-	
	.						10000100	
STREET ADDRESS	'						ADDRESS	
CITY-ST-ZIP	1				6.4 CII	[Y-\$	T-ZIP	<u> </u>

14. I do 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 finned 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 13vi changes, or on an attachment with an address.

SIGNATURE:

561-848-9009

FILED