


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

000376

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90220 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # F94000003605

1. Corporation Name
NUJ ENERGY, INC.



Principal Place of Business PO BOX 760 BEDMINSTER NJ 07921-0760	Mailing Address PO BOX 760 BEDMINSTER NJ 07921-0760
-----------------------------------------------------------------------	-----------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/11/1994	
21		26		4. FEI Number 22-3209319	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOTLEY, JR LYLE C			1.2 NAME	John Kean, Jr.		
STREET ADDRESS	955 E 25TH ST			1.3 STREET ADDRESS	550 Route 202/206, Bedminster, NJ 07921		
CITY-ST-ZIP	HILEAH FL 33013			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FORTKIEWICZ, VICTOR A			2.2 NAME	Robert F. Lurie		
STREET ADDRESS	ONE ELIZABETHTOWN PLAZA			2.3 STREET ADDRESS	550 Route 202/206		
CITY-ST-ZIP	UNION NJ 07083			2.4 CITY-ST-ZIP	Bedminster, NJ 07921		
TITLE	P	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAHNIUK, FRANK T			3.2 NAME			
STREET ADDRESS	550 ROUT 202/206			3.3 STREET ADDRESS			
CITY-ST-ZIP	BEDMINSTER NJ			3.4 CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		4.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	A MARK ABRAMOVIC			4.2 NAME			
STREET ADDRESS	550 ROUTE 202/206			4.3 STREET ADDRESS			
CITY-ST-ZIP	BEDMINSTER NJ 07921-0760			4.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN HORN, JAMES R			5.2 NAME			
STREET ADDRESS	550 ROUTE 202-206			5.3 STREET ADDRESS			
CITY-ST-ZIP	BEDMINSTER N			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: James R. Van Horn Secretary Date: 4/29/99 Daytime Phone #: 908-719-4204

CR2E034 (1/98)