

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

FILED

97 OCT -7 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08057 (2)
1. Corporation Name
AURORA MANAGEMENT CORPORATION



Principal Place of Business
23 WEST PARK AVENUE
MERCHANTVILLE NJ 08109

Mailing Address
23 WEST PARK AVENUE
MERCHANTVILLE NJ 08109-2214

2. Principal Place of Business
21 4300 Haddonfield Rd.
Suite, Apt. #, etc.
22 Suite 314
City & State
23 Pennsauken NJ
Zip Country
24 08109 US

2a. Mailing Address
26 4300 Haddonfield Rd.
Suite, Apt. #, etc.
27 Suite 314
City & State
28 Pennsauken NJ
Zip Country
29 08109 US

3. Date Incorporated or Qualified 11/12/1985
3a. Date of Last Report 05/01/1996
4. FEI Number 22-2495455 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 900002321359-9
-10/15/97-01099-011
84 City ****165.00 ****165.00

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 _____ Signature: Type or print name of the registered agent and the corporation. (NOTE: Incorporated Agent signature required with reissuance) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOVE, DONALD N.	
STREET ADDRESS	23 W. PARK AVENUE	
CITY-ST-ZIP	MERCHANTVILLE NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZALKIND, STEPHEN R.	
STREET ADDRESS	23 W. PARK AVENUE	
CITY-ST-ZIP	MERCHANTVILLE NJ	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DUGGAN, DIANE	
STREET ADDRESS	23 W. PARK AVENUE	
CITY-ST-ZIP	MERCHANTVILLE NJ	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BORUCKI, STANLEY E.	
STREET ADDRESS	23 W. PARK AVENUE	
CITY-ST-ZIP	MERCHANTVILLE NJ	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	4300 Haddonfield Rd. Suite 314
14 CITY-ST-ZIP	Pennsauken NJ 08109
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	4300 Haddonfield Rd. Suite 314
24 CITY-ST-ZIP	Pennsauken NJ 08109
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	SECRETARY
33 STREET ADDRESS	CHARLINE ROSE
34 CITY-ST-ZIP	4300 Haddonfield Rd. Pennsauken NJ 08109
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	4300 Haddonfield Rd. Suite 314
44 CITY-ST-ZIP	Pennsauken NJ 08109
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	900002321359-9
54 CITY-ST-ZIP	-10/15/97-01099-012
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	****385.00 ****165.00
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 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.

SIGNATURE: _____ Stanley Borucki 8/4/97 609-662-1116

CR2E034 (9/96)