SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

94 AUG -8 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P19482** **(9)**

1. Corporation Name

SOUTHERN ATLANTIC SUPPLY DIVISION, CORP.

Mailing Address	Principal Place of Business
15 EAST UNION AVE., RT. 17 NORTH	15 EAST UNION AVE. RT. 17 NORTH
POST OFFICE BOX 511	POST OFFICE BOX 511
EAST RUTHERFORD NJ 07073	EAST RUTHERFORD NJ 07073
US	US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1988
3a. Date of Last Report: 05/01/1993

2. Mailing Address — 21
2a. Principal Place of Business — 26

4. FEI Number: 22-1729463 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

5. Certificate of Status Desired: $8.75 Additional Fee Required ☐

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

City & State — 23
City & State — 28

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

Zip — 24 | Country — 25 | Zip — 29 | Country — 30

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
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and the date above) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS
11 TITLE	P/D	
12 NAME	FEURY, ROBERT	
13 STREET ADDRESS	5 MADISON AVE.	
14 CITY-ST-ZIP	KEARNY NJ	
21 TITLE	V	
22 NAME	JONES, GEORGE	
23 STREET ADDRESS	412 SHEARER AVE	
24 CITY-ST-ZIP	UNION NJ	
31 TITLE	S/T/D	
32 NAME	SMILOWITZ, BERNARD	
33 STREET ADDRESS	60 REDWOOD AVE	
34 CITY-ST-ZIP	W. ORANGE NJ	
41 TITLE	D	
42 NAME	SMILOWITZ, HERBERT	
43 STREET ADDRESS	39 CRESTWOOD DR.	
44 CITY-ST-ZIP	W. ORANGE NJ	
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that my signature shall be a representation 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George W. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/94 (201) 507-8400
Date Daytime Phone Number