

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---------------------------------------	---	--

DOCUMENT # P19482 (9)
1. Corporation Name
SOUTHERN ATLANTIC SUPPLY DIVISION, CORP.

Principal Place of Business
15 EAST UNION AVE
BOX 115
EAST RUTHERFORD NJ 07030
US

Mailing Address
15 EAST UNION AVE
BOX 115
EAST RUTHERFORD NJ 07030
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15 EAST UNION AVE. Suite, Apt. #, etc 22 City & State 23 EAST RUTHERFORD, NJ Zip 24 07073	2a. Mailing Address 26 SAME. Suite, Apt. #, etc 27 City & State 28 Country 29 Zip 30 BERGEN	3. Date Incorporated or Qualified 06/02/1988 4. FEI Number 22-1729463 Applied For Not Applicable 5. Certificate of Status Desired 8. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
---	---	---

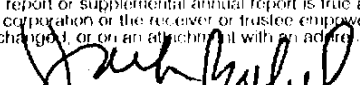
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
---	--

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	P	1.1 TITLE	
NAME	FEURY, ROBERT	1.2 NAME	
STREET ADDRESS	5 MADISON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEARNY NJ 07032	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	JONES, GEORGE	2.2 NAME	
STREET ADDRESS	412 SHEARER AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	UNION NJ 07083	2.4 CITY-ST-ZIP	
TITLE	COB	3.1 TITLE	
NAME	SMILOWITZ, HERBERT	3.2 NAME	
STREET ADDRESS	39 CRESTWOOD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ORANGE NJ 07052	3.4 CITY-ST-ZIP	
TITLE	CFO	4.1 TITLE	
NAME	JACK BICKEL	4.2 NAME	
STREET ADDRESS	36-02 Hale Place Fairlawn, NJ	4.3 STREET ADDRESS	
CITY-ST-ZIP	07410	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE:  JACK BICKEL 2-27-98 201-507-8400

CR2E034 (10/97)