

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:53

DOCUMENT # **S08050** (4)
1. Corporation Name
L J MENCO, INC.

Principal Place of Business Mailing Address
105 WILLIAM STREET **105 WILLIAM STREET**
P.O. BOX 6913 **P.O. BOX 6913**
NEW BEDFORD MA 02742-3913 **NEW BEDFORD MA 02742-3913**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/22/1990** 3a. Date of Last Report **04/08/1994**
4. FEI Number **04-3102619** 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

2. Principal Place of Business 2a. Mailing Address
21 **30 Cornell Street** 26 **30 Cornell Street**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **New Bedford, MA** 27 **New Bedford, MA**
City & State City & State
23 **02740** 24 **USA** 28 **02740** 29 **USA**
Zip Country Zip Country

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, 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 reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDES, LOUIS J., JR	1.2 NAME	Deceased
STREET ADDRESS	780 EL DORADO PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENTWORTH, WARREN K.	2.2 NAME	
STREET ADDRESS	28 SOUTHPOINT LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	IPSWICH MA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNET, DAVID S.	3.2 NAME	Deceased
STREET ADDRESS	105 WILLIAM ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW BEDFORD MA	3.4 CITY-ST-ZIP	
TITLE	PAT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDES III, LOUIS J	4.2 NAME	Mendes, Louis J. III
STREET ADDRESS	117 FEDERAL CT #10	4.3 STREET ADDRESS	P.O. Box 9011 117 Federal Court #10
CITY-ST-ZIP	PRINCETON NJ 08540	4.4 CITY-ST-ZIP	Princeton, NJ 08540-9011
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDES, GLENN M	5.2 NAME	Mendes, Glenn M.
STREET ADDRESS	780 EL DORADO PKWY	5.3 STREET ADDRESS	4735 Parc Orleans Ct.
CITY-ST-ZIP	PLANTATION FL 33317	5.4 CITY-ST-ZIP	Bridgeton, Mo 63044
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Louis J. Mendes, III 3/1/95 (609) 282-0111
Louis J. Mendes, III, Director, President, Treasurer, Clerk