

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V45695** (6)

1855, INC.

APPROVED
AND
FILED

95 MAY -1 11 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		1a. Mailing Address	
% PHILIP RICHARDS 20 COMMUNITY PLACE MORRISTOWN NJ 70960		% PHILIP RICHARDS 20 COMMUNITY PLACE MORRISTOWN NJ 70960	
2. Principal Place of Business	2a. Mailing Address	3. Date Inc. Organized or Qualified	3a. Date of Last Report
21	26	06/24/1992	05/01/1994
22. Suite Apt #, etc.	27. Suite Apt #, etc.	4. FEI Number	Applied For
22	27	22-3177569	Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29	7. This corporation has liability for intangible tax under S 199.037, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	

11. Pursuant to the provisions of Sections 607.0503 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 607.0905, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of President or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	RICHARDS, PHILIP	1.2 NAME	
3. STREET ADDRESS	20 COMMUNITY PLACE	1.3 STREET ADDRESS	
4. CITY & STATE	MORRISTOWN NJ	1.4 CITY & STATE	
5. TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY & STATE		2.4 CITY & STATE	
9. TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY & STATE		3.4 CITY & STATE	
13. TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY & STATE		4.4 CITY & STATE	
17. TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY & STATE		5.4 CITY & STATE	
21. TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY & STATE		6.4 CITY & STATE	

14. I, the filer hereby certify that the information supplied with this filing is veridically furnished and does not qualify for the exemption stated in Section 119.037, Florida Statutes. I further certify that the information included 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 of this filing with an address.

SIGNATURE: *Philip Richards* President Philip Richards Pres 4/28/95 2045391453