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PROFIT CORPORATION ANNUAL REPORT 1996

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

APPROVED AND FILED
96 JAN 31 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 396912 (8)

1. Corporation Name
DESK-MATE PRODUCTS, CO., INC.

Principal Place of Business	Mailing Address
% J MESTREL 26 BRITTANY RD MONTVILLE NJ 07045	% J MESTREL 26 BRITTANY RD MONTVILLE NJ 07045

3. Date Incorporated or Qualified: 03/07/1972
3a. Date of Last Report: 05/16/1995
4. FEI Number: 13-2778989 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 Po Box 643	26 Po Box 643
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Montville NJ	28 City & State: Montville NJ
24 Zip: 07045 — 25 Country: USA	29 Zip: 07045 — 30 Country: USA

9. Name and Address of Current Registered Agent

Richard Kroop, Esq
~~KAPLAN, DONALD~~
420 LINCOLN MALL ROAD
STE 512
MIAMI FL 33139

10. Name and Address of New Registered Agent

81 Name: RICHARD KROOP, ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 420 LINCOLN MALL ROAD
83 SUITE 512
84 City: MIAMI FL 85 Zip Code: 33139

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 X [signature] DATE 1/25/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: MESTEL, JEFFREY STREET ADDRESS: 26 BRITTANY ROAD CITY-ST-ZIP: MONTVILLE, NJ 00000	[ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP — [ ] Change [ ] Addition
TITLE: STD NAME: EGETH, MARSHA STREET ADDRESS: 4 RAND ROAD CITY-ST-ZIP: PINE BROOK, NJ 00000	[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP — [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP — [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP — [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP — [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP — [ ] Change [ ] Addition

1/31/96

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffrey Mestel, Pres 1/23/96 718-852-2887