

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 428232 (3)
1. Corporation Name
VOLUSIA THOM MCAN INC

Principal Place of Business
17 MILLBROOK ST.
WORCESTER, MA 01606
933 MAC ARTHUR BLVD.
MAHWAH, N.J. 07430

Mailing Address
6 MILLBROOK ST.
WORCESTER, MA 01606-2017
933 MAC ARTHUR BLVD.
MAHWAH, N.J. 07430



1681
2492

21. Principal Place of Business	26. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country USA	30. Country USA

3. Date Incorporated or Qualified 06/13/1973	3a. Date of Last Report 05/01/1996
4. FEI Number 04-2520486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCVEY, LARRY A	
STREET ADDRESS	67 MILLBROOK ST	
CITY-ST-ZIP	WORCESTER, MA 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WOZNAK, EDWARD S.	
STREET ADDRESS	67 MILLBROOK ST	
CITY-ST-ZIP	WORCESTER, MA 00000	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	LARENCE, ROGER	
STREET ADDRESS	67 MILLBROOK ST	
CITY-ST-ZIP	WORCESTER, MA 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PJ.M. ROBINSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	933 MAC ARTHUR BLVD.	
1.4 CITY-ST-ZIP	MAHWAH, N.J. 07430	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EDWARD J. LUCBY	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GERALD BAHLMAN	
3.3 STREET ADDRESS	933 MAC ARTHUR BLVD.	
3.4 CITY-ST-ZIP	MAHWAH, N.J. 07430	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	THEODORE L. ANDERSON	
4.3 STREET ADDRESS	67 MILLBROOK ST	
4.4 CITY-ST-ZIP	WORCESTER, MA 01406	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 checked, on an attachment with an address.

SIGNATURE: _____ GERALD BAHLMAN

JAN 13 1997

(201) 934-2000

CR2E034 (9/96)