	PROFIT PROFIT PROPATION JUAL REPORT 1996	Sand Sec	EPARTMENT OF STATE dra B.*Moriham* retary of State # OF COSPORATIONS	•,			
		())				
	500 K-M Winter Pa	uh, FIA., Inc	· (3062)				Bij bija biga biga ing
501 n	ce of Business . Orlando ave. r Park, Fl 32789	Mailing Address 833 MACARTHUR MAHWAH NJ 0743			*	(1889-1889-1911-1 884-1884-1884-1884-1884-1884-1884-1	ELV EVONE OFBEE BY OFFE 1884
	Place of Business	2a. Malling Address			3. Date incorporated or Qualif		st Report 1/1995
1]		26		- 1	4. FEI Number 22-23/2	1-12	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired	60	Not Applicable 75 Additional
City & Stat	te	City & State			6. Election Campaign Financin	<u> </u>	ee Required
Zip	Country	Zio	T 0		Trust Fund Contribution	` [] %	i.On May Po ided to Fees
	25	29	Country 30	1.	This corporation has liability Florida Statutes	for intangible tax unde Yes \ \ \ No	rs 199.032,
	9. Name and Address of Curren	t Registered Agent	81 Name	. 1	0. Name and Address of Ne		
1. Pursuant	that the provisions of Sections 607.0502 red agent, or both, in the State of Florid th, and accept the obligations of Sections.	and 607.1508, Florida Statu	84 City				Zip Code
GNATURE	Designation of the second	77 007 .0000, Florida Statute	S.		accept the a	purpose of changing it poointment as register	s registered office ed agent. I am
GNATURE .	Signature, typed or printed name of registered agent	ord title Wappicable.	S. OTE: Registered Agent signature		reinstailing)	DATE DATE	eo agent. I am
2. TLE AME TREET ADDRESS TY-ST-ZIP	Sphaltive, typed or printed name of registered agent OFFICERS AND PD ROBINSON, JOHN 933 MACARTHUR BLVD. MAHWAH NJ	ord title Wappicable.	S. OTE: Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	required when	accept the a	DATE DATE	FORS IN: 12
EGNATURE 2. TLE REET ADDRESS TY-ST-ZIP TLE MAE REET ADDRESS TY-ST-ZIP TY-ST-ZIP	Sphalize liped or printed name of registered agent. OFFICERS AND PD ROBINSON, JOHN 933 MACARTHUR BLVD. MAHWAH NJ STV FALKOFF, MARTIN 933 MACARTHUR BLVD. MAHWAH NJ	nd title if applicable. ON DIRECTORS	S. DTE: Repistored Agent agriculture 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	required when	reviewing) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECT	FORS IN 12
EGNATURE 2. TLE REET ADDRESS TY-ST-ZIP TLE MAE REET ADDRESS TY-ST-ZIP LE MAE REET ADDRESS TY-ST-ZIP LE MAE REET ADDRESS TY-ST-ZIP	Sphalike liped of printed name of registered agent. OFFICERS AND PD ROBINSON, JOHN 933 MACARTHUR BLVD. MAHWAH NJ STV FALKOFF, MARTIN 933 MACARTHUR BLVD. MAHWAH NJ AT WEINFUSS, STEWART 933 MACARTHUR BLVD. MAHWAH NJ	nd title if applicable 64 DIRECTORS DELETE	S. DTE: Registered Agent agriculture 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	P Shep	reviewing) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIFFEC Change	FORSIE: 12
IGNATURE 2. TIE REET ADDRESS IY-SI-ZIP ILE ME REET ADDRESS IY-SI-ZIP LE MA REET ADDRESS IY-SI-ZIP LE ME ME REET ADDRESS Y-SI-ZIP LE ME ME ME ME ME ME ME ME ME	Sphalike Need of printed name of registered agent. OFFICERS AND PD ROBINSON, JOHN 933 MACARTHUR BLVD. MAHWAH NJ STV FALKOFF, MARTIN 933 MACARTHUR BLVD. MAHWAH NJ AT WEINFUSS, STEWART 933 MACARTHUR BLVD.	DELETE	S. TE: Registered Agent agriculture 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Title 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	P Shep	normalising) ADDITIONS/CHANGES TO O	DATE FFIOERS AND DIFFEC Change	FORSIN 12 E
GNATURE	Sphalike Need of printed name of registered agent. OFFICERS AND PD ROBINSON, JOHN 933 MACARTHUR BLVD. MAHWAH NJ STV FALKOFF, MARTIN 933 MACARTHUR BLVD. MAHWAH NJ AT WEINFUSS, STEWART 933 MACARTHUR BLVD. MAHWAH NJ AT KAKAR, MANOHAR 933 MACARTHUR BLVD. MAHWAH NJ AT KAKAR, MANOHAR 933 MACARTHUR BLVD. MAHWAH NJ	IN BOY JOSES, PIONDA STATUTE ON DIRECTORS DELETE DELETE DELETE	S. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	P Shep	normalising) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIFFEC Change Change	FORS IN 12 FORS IN 12 Addition Addition

THOMAS WOUND SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 1 6 1996

(201) 934-2000