

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

APPROVED AND FILED

95 APR 25 AM 10:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 819556 (2)

1. Corporation Name
SUNSHINE BISCUITS INC

Principal Place of Business Mailing Address

**100 WOODBRIDGE CENTER DR.
WOODBRIDGE NJ 07095-8198** **100 WOODBRIDGE CENTER DR.
WOODBRIDGE NJ 07095-8198**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report Applied For

05/06/1966 **04/20/1994**

4. FEI Number Applied For / Not Applicable

11-2111159 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

7. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERBER, JAMES D.	1.2 NAME	
STREET ADDRESS	47 CARRIAGE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN NJ	1.4 CITY-ST-ZIP	
TITLE	PO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, ARTHUR G.	2.2 NAME	
STREET ADDRESS	281 CHAPEL HILL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC HIGHLANDS NJ	2.4 CITY-ST-ZIP	
TITLE	CCEO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UYTENGUS, WILFRED	3.2 NAME	
STREET ADDRESS	999 BAKER WAY, STE. 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO CA	3.4 CITY-ST-ZIP	
TITLE	CT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, KENNETH W.	4.2 NAME	
STREET ADDRESS	36 CAROLE PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLD BRIDGE NJ	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATSON, ROBERT J.	5.2 NAME	
STREET ADDRESS	113 PLAZA DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WOODBRIDGE NJ	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBIERI, STEPHEN R.	6.2 NAME	
STREET ADDRESS	281 281 MAKIN GRADE	6.3 STREET ADDRESS	
CITY-ST-ZIP	KENTFIELD CA	6.4 CITY-ST-ZIP	

**SCE COMPLETE
SCHEDULE OF OFFICERS
AND DIRECTORS ATTACHED**

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 110.07(3)(4), 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 as an attachment with an address.

SIGNATURE:  **K. W. HUNTER**
ASST. CONTROLLER & ASST. TREASURER 4-21-95 908 855-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Chapter/Verse #