

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **824206** (7)
1. Corporation Name
METAL IMPROVEMENT COMPANY INC



Principal Place of Business Mailing Address
**10 FOREST AVENUE
PARAMUS NJ 07652**

3. Date Incorporated or Qualified **03/09/1970** 3a. Date of Last Report **05/01/1995**
4. FEI Number **22-1861245** Applied For 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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

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 officer 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 607.0508, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NACHMAN, GERALD	
STREET ADDRESS	10 FOREST AVENUE	
CITY-ST-ZIP	PARAMUS NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLOOM, EDWARD	
STREET ADDRESS	10 FOREST AVENUE	
CITY-ST-ZIP	PARAMUS NJ	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	LASKY, DAVID	
STREET ADDRESS	1200 WALL ST. WEST	
CITY-ST-ZIP	LYNDHURST NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RUSCIN, JAMES J.	
STREET ADDRESS	10 FOREST AVENUE	
CITY-ST-ZIP	PARAMUS NJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRINSFIELD, SHIRLEY	
STREET ADDRESS	1200 WALL ST. WEST	
CITY-ST-ZIP	LYNDHURST NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TAYLOR, DANO	
STREET ADDRESS	1200 WALL ST W	
CITY-ST-ZIP	LYNDHURST NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Robert Bosi, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	1200 Wall St West	(Director)
5.3 STREET ADDRESS	Lyndhurst NJ 07071	
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 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 of an attachment with an address.

SIGNATURE: *[Signature]* 4/9/96 201-843-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E034 (12/95)