

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **827429**

(2)

1. Corporation Name
FORMATION, INC.

Principal Place of Business
**121 WHITTENDALE DRIVE
MOORESTOWN NJ 08057**

Mailing Address
**121 WHITTENDALE DRIVE
MOORESTOWN NJ 08057**

FILED
Jul 22 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/01/1972	
21		26		4. FEI Number 22-1909393	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, DONALD	1.2 NAME	
STREET ADDRESS	9204 WOODVALE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAMASCUS MD	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAMPEL, ROLAND	2.2 NAME	
STREET ADDRESS	33 CHEQUAMEGON BAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON WI	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER, BARRY	3.2 NAME	
STREET ADDRESS	732 SOCIETY HILL	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAGG, GEORGE L.	4.2 NAME	
STREET ADDRESS	#6 HUTTON CENTRE DR., SUITE #1110	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, A D	5.2 NAME	
STREET ADDRESS	728 IRON POST RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN, NJ 08000	5.4 CITY-ST-ZIP	
TITLE	VT	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WORTHMAN, CHARLES	6.2 NAME	
STREET ADDRESS	26 S WENDOVER RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MEDFORD NJ	6.4 CITY-ST-ZIP	

14. I 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 changed, or on an attachment with an address.

SIGNATURE:

CA BOWMAN

7/14/98

609 234 5020

CR2E034 (5/98)



pfj

July 15, 1998

Florida Department of State
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Formation's 1998 Annual Report is enclosed with the \$150.00 annual filing fee as advised by your department since the "first notice" 1998 Profit Corporation Annual Report Packet was not received by Formation.

Thank you.

Sincerely,

Valerie Clark

Valerie L. Clark
Treasury Assistant