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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 841828

1. Corporation Name

(7)

ANP PROPERTIES I CORP.

Mailing Address

2 PARAGON DRIVE - TAX DEPARTMENT MONVALE NJ 07645

Principal Place of Business

2 PARAGON DRIVE - TAX DEPARTMENT MONVALE NJ 07645

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

 Date Incorporated or Qualified 11/13/1978

2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		22-2151866	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre	ent vear Intangible	
24	25		10		Yes No	
Name and Address of Current Registered Agent				10. Name and Address of New Registered A	gent	
UNITED STATES CORPORATION COMPANY 81 Name						
1201 HAYES STREET			92 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 105			of eet Address (1.0. Box Not Acceptable)			
TALLAHASSEE FL 32301			83			
			94 03	84 City 85 Zip Code		
			,	FL	85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-pamed corporation submits this statement for the pursuase 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						
Sign sture, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	T	☐ DELETE	1.1 TITLE		Change	
NAME	CORRADO, F		1.2 NAME			
STREET ADDRESS	2 Paragon Drive		1.3 STREET ADDRESS			
CłTY - ST - ZiP	MONTVALE NJ		1.4 CITY-ST-ZIP			
TITLE	VDS	DELETE	2.1 TITLE		Change Addition	
NAME	ULRICH, R. G.		2.2 NAME		-	
STREET ADDRESS	2 PARAGON DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MONTVALE NJ		2. 4 CITY-ST-ZIP			
TITLE	PD	DELETE	3.1 TITLE		Change Addition	
NAME	LEONARD, F.X.		3.2 NAME	•		
STREET ADDRESS	2 PARAGON DRIVE		3,3 STREET ADDRESS		1	
CITY-SY-ZIP	MONTVALE NJ		3			
TITLE	777 77 T T T T T T T T T T T T T T T	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition	
NAME			4. 2 NAME	L	T overide T vagilibit	
STREET ADDRESS						
			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP			
TIFLE		□ DETE1E	5.1 TITLE	L	_ Change _ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS		ļ	
CITY-SI-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	L	☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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						

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: POLITY WURE(1)

1-16-98

(201) 573 - 770E