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

PROFIT CORPORATION ANNUAL REPORT 2002



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # 841828 Comporation Name ANP PROPERTIES I CORP.					02 MAY -6 PM-3: 50:1				
					SECRETARY OF ST TALLAHASSEE, FLO	Alt. IRIDI "			
rincipal Place of Business	Mailing Address								
PARAGON DRIVE ITN: TAX DEPARTMENT	2 PARAGON DRIVE ATTN: TAX DEPARTMENT MONTVALE NJ 07645		DO NOT WRITE IN THIS SPACE						
ONTVALE NJ 07645			3. Date Incorporated or Qualifed						
	2a. Mailing Address		4. FEI Number			Applied For			
Principal Place of Business	 -				22,-2151866		Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. ≠. etc.			5.	Certificate of Status Desired	-	.75 Additional ee Required		
City & State	City & State			6.	Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees		
Zip Country	<u> </u>	untry		1	. This corporation owes the current year in Personal Property Tax.	U Ye	\$ (110		
25	[2 3]			10	Name and Address of New Registered	Agent	<u> </u>		
9. Name and Address of Cu	irrent Registered Agent	81	Name						
UNITED STATES CORPORATION 1201 HAYS STREET	COMPANY	82		ess (P.O. Box Number is Not Acceptable)				
SUITE 105 TALLAHASSEE FL 32301		83			FI	85	Zîp 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	m familiar with, and accept the obligations of, Section		Registered Agent signature re	aguired when reinstating)	DATE			
	Signature, typed or printed name of registered agent and utle if applicable	(1012)	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTO	Additio		
1,2	OFFICERS AND DIRECTORS	DELETE	1,1 TITLE			_		
عَبُ	T	—	12 NAME	700005	554757-	— r '		
w <u>w</u> E	Mitchell Goldstein		13 STREET ADDRESS	_ns/18	3/021111/3602	<u>(</u> D		
TREET ADDRESS		-	1.4 CTY-ST-ZIP	***	[50.00 ****150 □ Change	J. QD. Additio		
~- ST-ZIP	MONTVALE NJ	DELETE	2.1 TITLE		Change			
	VDS	_ 5002.2	2.2 NAME					
NAME	William P. Costantini		2.3 STREET ADDRESS					
STREET ADDRESS	2 PARAGON DRIVE		2.4 CITY-ST-ZIP			Additic		
CITY-ST-ZIP	MONTVALE NJ	CODELETE	31 MLE		Change	☐ X00I0C		
LE .	PD	X DELETE	32 NAME	PD				
NAME	1		3.3 STREET ADDRESS	Pall, Brian				
STREET ADDRESS			3.4. CITY-ST-ZIP	2 Paragon Drive	Change	Additio		
CITY-ST-ZIP	MONTVALE NJ	DELETE	4.1 TILE	Montvale, NJ 07645	Change			
೯೯೬		ـ.عمال ن	4,2 NAME					
NAME			4.3 STREET ADDRESS	;	·			
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सर्द्रह		C) OCCER	52 NAME					
NAME			5.3 STREET ADDRESS	5				
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CITY-ST-ZIP		DELETE	61TITLE		☐ Change	, C. Addivi		
TTLE			52 NAME	1				
NAME	1		6.3 STREET ADDRESS	s	•			
STREET ADDRES	 \$\$,				
CTY-ST-ZIP			the exemption state	ed in Section 119.07(3)(i), Florida Statu	ites. I further certify that the	intormation at I am an		

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 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 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 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 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 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 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 indicated on this 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 indicated on this 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 indicated on this 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 indicated on the same legal effect as if made under oath; that I am an indicated on the same legal effect as if made under oath; that I am an indicated on the same legal effect as if made under oath; that

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

William P. Costantini 4-25-02

(201) 573-9700

FILED____

