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

PROFIT CORPORATION **ANNUAL REPORT 19**98

TORCON,INC.

Principal Place of Business

214 GROVE ST EAST

WESTFIELD. N J 07091

Suite, Ant. #. etc.

City & State

Zip

2. Principal Place of Business

PO BOX 609

21

22

23

24



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Country

9. Name and Address of Current Registered Agent

25

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD

PLANTATION FL 33324

Mailing Address

PO BOX 609

2a. Mailing Address

City & State

Zai

26

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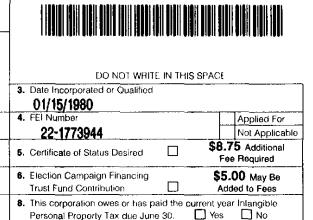
29

214 GROVE ST EAST

WESTFIELD. N J 07091

Suite, Apt. #, etc.

FILED Jun 18 1998 8:00am Secretary of State



Personal Property Tax due June 30. 10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

Country

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SIGNATURE. (NOTE Registered Agent signature required when reinstating) Signature, typed or pented name of region and a jent and the if apparable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Сһалде Addition TITLE 1.1 1000 TORCIVIA JR., BENEDICT J NAME 1.2 NAME **8 BUTTONWOOD LANE** STREET ADDRESS 1.3 STREET ADDRESS **RUMSON NJ** CITY - ST - ZIP 14 CITY-ST- 7IP ST DELETE Change Addition TITLE 2.1 TITLE FISCHER, PHILIP NAME 2.2 NAME 16 PILGRIM RUN STREET ADDRESS 2.3 STREET ADDRESS E. BRUNSWICK NJ CITY-ST-7IP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.13016 TORCIVIA, JOSEPH A. NAME **3.2 NAME 58 BUENA VISTA AVE** STREET ADDRESS 3 3 STREET ADDRESS **RUMSON NJ** CITY-ST-7IP 3.4. C(TY - S1 - 2(P 🔲 DÉLÉTE Change Addition 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DEL ETE Change Addition TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP

14. Thereby confify 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 suppliemental 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.

1/2/98

908.232.8900