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FILED

May 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 845202

(1)

1. Corporation Name

PW IDLEWILD CORPORATION

Principal Place of Business

% TAX DEPARTMENT, 9TH FLOOR
1000 HARBOR BLVD
WEEHAWKEN NJ 07087

Mailing Address

% TAX DEPARTMENT, 9TH FLOOR
1000 HARBOR BLVD
WEEHAWKEN NJ 07087-6727



2. Principal Place of Business

31 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30
9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30
10. Name and Address of New Registered Agent

3. Date Incorporated or Qualified
02/11/1980

3a. Date of Last Report
05/01/1996

4. FEI Number

13-3020129

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

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

TITLE	President	<input type="checkbox"/> DELETE
NAME	VOYTKO, JAMES M	
STREET ADDRESS	1000 HARBOR BOULEVARD	
CITY - ST - ZIP	WEEHAWKEN NJ 07087	
TITLE	Vice-president	<input type="checkbox"/> DELETE
NAME	MCCORMICK, RICHARD F	
STREET ADDRESS	1000 HARBOR BOULEVARD	
CITY - ST - ZIP	WEEHAWKEN NJ 07087	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ALBERGO, ROSEMARIE	
STREET ADDRESS	1000 HARBOR BOULEVARD	
CITY - ST - ZIP	WEEHAWKEN NJ 07087	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	DEVICO, LOUIS J	
STREET ADDRESS	1000 HARBOR BOULEVARD	
CITY - ST - ZIP	WEEHAWKEN NJ 07087	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	SMITH, PIERCE R	
STREET ADDRESS	1000 HARBOR BOULEVARD	
CITY - ST - ZIP	WEEHAWKEN NJ 07087	
TITLE	VP (vice-president)	<input type="checkbox"/> DELETE
NAME	DYER, STEPHEN R	
STREET ADDRESS	1000 HARBOR BOULEVARD	
CITY - ST - ZIP	WEEHAWKEN NJ 07087	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	Eileen McLaughlin
3.4 CITY - ST - ZIP	1000 Harbor Blvd. Weehawken, N.J. 07087
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Assistant Treasurer
4.3 STREET ADDRESS	Ken Levine
4.4 CITY - ST - ZIP	1000 Harbor Blvd. Weehawken, N.J. 07087
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 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:

Signature of Kenneth Levine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97 201-902-4323
Date Daytime Phone #

CR2E034 (9/96)