

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 845556 (0)
1. Corporation Name
TEMPORARIES INCORPORATED

Principal Place of Business

Mailing Address

177 CROSSWAYS PARK DR
WOODBURY NY 11797
US

177 CROSSWAYS PARK
WOODBURY NY 11797
US



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
03/25/1980	04/27/1995
4. FEI Number	Applied For
52-0894181	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOEL, STACY	1.2 NAME	
STREET ADDRESS	3252 HOLLY HALL	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	
TITLE	VPT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUCKMAN, MICHAEL	2.2 NAME	
STREET ADDRESS	61 HUNTING HILL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DIX HILLS NY	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINECKE, MICHAEL	3.2 NAME	
STREET ADDRESS	37 SPRING MEADOW DRIVE	3.3 STREET ADDRESS	REINECKE, MIKE
CITY-ST-ZIP	KINGS PARK NY	3.4 CITY-ST-ZIP	177 CROSSWAYS PARK DR.
TITLE	AVP	4.1 TITLE	WOODBURY, NY 11797
NAME	CALABRO, ROBERT	4.2 NAME	AVP
STREET ADDRESS	3932 PARK AVENUE	4.3 STREET ADDRESS	CALABRO, ROBERT
CITY-ST-ZIP	SEAFORD NY 11783	4.4 CITY-ST-ZIP	3932 PARK AVE
TITLE		5.1 TITLE	SEAFORD, NY 11783
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT CALABRO

Date

(516) 682-1400

Date/Time Phone #

CR2E034 (12/95)