SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 JUL 26 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # **845592** **(5)**

1. Corporation Name

B. SHEHADI & SONS, INC.

Principal Place of Business	Mailing Address
20 TROY RD. P. O. BOX 190 WHIPPANY NJ 07981 US	20 TROY RD. P. O. BOX 190 WHIPPANY NJ 07981 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1980	3a. Date of Last Report: 08/08/1994
4. FEI Number: 22-1277350	☐ 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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHEHADI, FRED S JR. 500 WYNDEMERE WAY STE. E-104 NAPLES FL 33999	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	CROSS, GAIL S	12 NAME	
STREET ADDRESS	8 BEVERLY ROAD	13 STREET ADDRESS	
CITY ST ZIP	BOONTON, NJ 00000	14 CITY ST ZIP	07005
TITLE	COF	21 TITLE	☒ Change ☐ Addition
NAME	SHEHADI, FRED S, JR	22 NAME	
STREET ADDRESS	~~FOX HUNT RD~~	23 STREET ADDRESS	500 Wyndemere Way
CITY ST ZIP	~~NEW VERNON, NJ 00000~~	24 CITY ST ZIP	Naples FL 33999
TITLE	~~VT~~	31 TITLE	☐ Change ☐ Addition
NAME	~~CARSCADDEN, THOMAS M.~~ TERM	32 NAME	
STREET ADDRESS	~~500 WYNDEMERE WAY~~	33 STREET ADDRESS	
CITY ST ZIP	~~NAPLES FL~~	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	SHEHADI, DAVID	42 NAME	
STREET ADDRESS	8 WESTON AVENUE	43 STREET ADDRESS	
CITY ST ZIP	CHATHAM NJ	44 CITY ST ZIP	
TITLE	V	51 TITLE	☒ Change ☐ Addition
NAME	SHEHADI, JOHN	52 NAME	
STREET ADDRESS	130 E. 35TH ST., 3RD FLOOR	53 STREET ADDRESS	11 H Heritage Dr
CITY ST ZIP	NEW YORK NY	54 CITY ST ZIP	Chatham NJ 07928
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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: Gail S Cross Gail S Cross 7/3/95 201 428 5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0176481 FN