FIL	E NOW: FI	LING FEE A	FTER MAY 1 I	S \$22	 25.()0				
PROFIT CORPORATION ANNUAL REPORT 1996		Ü	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCU 1. Corporation	MENT # n Name	845592	(5)							
B. SH	EHADI & SON	IS, INC.							RABAR BUTAN BUTAN BUTAN 1461	
Principal Place of Business Mailing Address									DICH BERE BERE BIRTH INDE	
20 TROY RD. P. O. BOX 190 WHIPPANY NJ 07981 US			20 TROY RD. P. O. BOX 190 WHIPPANY NJ 07981 US			3. Date Incorporated or Qualified	l .	f Last Report		
2. Principal Place of Business			2a. Mailing Address			03/27/1980 4. FET Number	Q//	/26/1995 Applied For		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			22-1277350		Not Applicable		
2			27			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State			City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	├ ─┐	ountry	Zip	Cou	ntry	**	8. This corporation has liability for i			
4 25 29 30 9. Name and Address of Current Registered Agent					Florida Statutes ☐ Yes ☑ No 10. Name and Address of New Registered Agent					
	<i>3</i> , 110,110 0110 11	autobo of outroit in	-gistored rigorit		81 N	 Чате	IU. Name and Address of New M	egistered Ag	ent	
SHEHADI, FRED S JR.					82 5	Street Addre	ess (F.O. Box Number is Not Acceptable)			
500 WYNDEMERE WAY STE. E-104					83					
NAPLES FL 33999					84	Dity	FI 85 71p Code			
or register	ea agent, or both, ir	n the State of Florida. S	l 607.1508, Florida Statute Such change was authorize 507.0505, Florida Statutes.	ed by the c	ve-nam orpora	ned corpora ition's board	allon submits this statement for the pur d of directors. Thereby accept the appo	oose of chang intment as reg	ing its registered office gistered agent. I am	
SIGNATURE _			artori i di constitui e e e e e e e							
12.	Signature typed or printed name of registered agent and title if applicable (IVOTE Register OFFICERS AND DIRECTORS / 13				Agest sig	indicine in gared	ADDITIONS/CHANGES TO OFFI	CERS AND D	IRECTORS IN 12	
TITLE	8			1 1 T)	īlf	T	Change Addition			
NAME	CROSS, GAIL			1.2 NA	ME					
TREE ADDRESS 8 BEVERLY ROAD				13 STREET ADDRESS		PRESS				
CITY-ST-ZIP TITLE	BOONTON, N	1 <u>J 0000</u> 0	DELETE		TY - ST - 7	<u> </u>				
HIILE Name	COF	NED 6 40	[] ptruit	2 1 10				7	Change	

12. TITLE NAME STREE CITY -TITLE NAME SHEMADI, FRED S, JK 23 STREET ALDRESS 4000 GULY Shore Blvd. Suite 300 Reples, FT 33940 STREET ADDRESS 500 WYNDEMERE WAY NAPLES FL-CITY - ST - ZIP TITLE DELETE 3 1 TITLE SHEHADI, DAVID NAME 3.2 NAME **8 WESTON AVENUE** STREET ADDRESS 3.3 STREET ADDRESS Chathan, 18 07928 CHY-ST-ZIP CHATHAM NJ 3.4 CITY - \$1 - 7IP TITLE DELETE 4 1 TITLE SHEHADI, JOHN NAME 4.2 NAME 43 STHEET ANDRESS [120 Mountain Ad. 11 H HERITAGE DR STREET ADDRESS Bashing Ridge, nd CHATHAM NJ CITY-S1-ZIP 4.4 CITY - ST - 7iP DELETE TITLE Cinay Williams Addition 5 1 TITLE NAME Clindy Williams
32 Wistminster Dr.
Persippent of onesy
Vice-President **5.2 NAME** 32 Westminster Dr. STREET ADDRESS 5.3 STREET ADDRESS Persippeny, of 07054 CITY-ST-ZIP 5.4 CITY - ST. ZIF: ☐ DELETE TITLE 6 1 TITLE ___ Change NAME

STREET ADDRESS

4 CIGUSEN CT. 085)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption status and 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:

11.

SIGN

(17) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

+16-96 (a01)428-5000