

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 849236

## FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90050 026 \*\*\*150.00

1. Corporation Name 849236									
	ARD CORPORATION	•							
ENGELD	AND CONFORATION								
Principal Place	of Business	Mailing Address					HELD BEEL BLUIK D	init kinit etali di	B\$1 61811 1884
101 WOOD AVE 101 WOOD AVE		ŭ							
ISELIN NJ 08830 ISELIN NJ 08830									
							ITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed	i		
<u> </u>	f Duri	I do Mailine Address				05/26/1981 4. FEI Number		Anr	lied For
	ace of Business	2a. Mailing Address				22-1586002		_ <del> </del>	Applicable
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.								\$8.75 A	
22 27						5. Certifcate of Status Desired		Fee Rec	
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23 28			74,5 (\$ 15 <u></u>			Trust Fund Contribution	'	Added to	•
Zip	Country	Zip	Country			8. This corporation owes the cu	rrent year Int		
24	25 29 30			T district Topolity 12				□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered	Agent	
CT C	ODDODATION SVSTEM		81	Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			82	Street	Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324			83	<b></b>					
104			63						
ICE TO AN			84	City			FL	85 Zip C	ode
44 Directant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes				-named	corpor	ation submits this statement for th	e purpose of	changing its i	registered
office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta					oration	's board of directors. I hereby according	pt the appoin	ntment as reg	istered
5 45 P 31									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Ager	il signature r	equired v	when reinstating)	DATE		
12.	OFFICERS AND		13.		<del> /</del>	ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTOR	RS IN 12
TITLE	CC CARTILL O. D.	DELETE 1.1 TI			c /	U		Change	☐ Youngii
NAME:	SMITH, O.R.		1.2 NAME		ļ				
STREET ADDRESS	101 WOOD AVE		1.3 STREET						
CITY-ST-ZIP			1.4 CITY-S' 2.1 TITLE	1-ZIP	├──	<del></del>		Change	Addition
TITLE			2.1 MILE 2.2 NAME		l				
NAME STREET ADDRESS			2.3 STREET	r ANNRESS					I
CITY-ST-ZIP	LOEI MI ALA		2.4 CITY-S						
TITLE			.3.1 TITLE					Change	
NAME			3.2 NAME			•			
STREET ADDRESS			3.3 STREET	ADDRESS	[				
CITY-ST-ZIP	ISELIN NJ		3.4. CITY- S	T-ZIP					
πιε	VCF0	☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME	FITZPATRICK, THOMAS P		4.2 NAME	'	Ì				
STREET ADDRESS	101 WOOD AVE		4.3 STREET	ADDRESS	ļ				
CITY-ST-ZIP	ISELIN NJ 08830		4.4 CITY-S	T-ZIP					- Addition
πι£	T	☐ DELETE	5.1 TITLE		ىـــــــــــــــــــــــــــــــــــــ	5 - O D 25		Change	☐ Addition
NAME	SPERDUTO, MICHAEL A		5.2 NAME	r Annonces	100	er R. Rapin			
STREET ADDRESS	101 WOOD AVE		5.3 STREET						
C/TY-ST-Z/P	ISELIN NJ 08830	T no ere	5.4 CITY-S' 6.1 TITLE	1-ZIP	<del> </del>			Change	Addition
TITLE	D ACK IID	☐ DELETE	6.2 NAME		)			□ cuorsta	
NAME	SLACK, H.R		6.3 STREET						
STREET ADDRESS	101 WOOD AVE		6.4 CITY-S	i	<b>!</b>				
CITY-ST-ZIP	iselin nj		0.4 CHY-S	(-411-	L				

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/25/99

Daytime Phone #

2E034 (11/98)