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Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90076 048 ***158.75

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 849540 1. Corporation Name

C.J.M. PLANNING CORP.

| O-O-IVI- T | EANNING COIN. | | | | | |
|--|---|-------------------------------------|---|---|-------------------------|----------------------|
| Principal Place | e of Business | Mailing Address | | T SEMBLAN INCHE MINITE MINITE MENTE MENTE MENTE MENTE MENTE | I MIÆIT DIBIL DIBIT AND | AN - WE WAR I HAND I |
| 26-01 PELLACK DR. | | 26-01 PELLACK DR. | | | | |
| FAIR LAWN N.J. 07410 FAIR LAWN N.J. 07410 | | | DO NOT WRITE IN TH | IC COACE | | |
| | | | | | IIS SPACE | |
| | | | | 3. Date incorporated or Qualifed 06/26/1981 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4, FEI Number | App | lied For |
| 21 | | 26 | | 22-1922447 | | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 A | , |
| 22 | | 27 | | | Fee Req | |
| City & State | te | City & State | | 6. Election Campaign Financing | \$5.00 h | • |
| 23 | | 28 | 2 (| Trust Fund Contribution | Added to | rees |
| Zíp | Country | Zip | Country | 8. This corporation owes the current year | Intangible | ⊠No |
| 24 | 25 | 29 3 | 0 | Personal Property Tax. 10. Name and Address of New Registers | | |
| | 9. Name and Address of Curren | t Registered Agent | 81 Name | 10. Name and Address of New Registers | a Agont | |
| MUS | SUMECI, S CHARLES SR | | | | | |
| 121 PADDOCK LANE | | 82 Street Ad | dress (P.O. Box Number is Not Acceptable) | | | |
| | ST PALM BEACH FL 33463 | | 83 | | | |
| 23 | , i , i em be to i i e e e e | | 53 | | | |
| | 20 | | 84 City | | 85 Zip C | ode |
| 11 Pursuant | to the provisions of Sections 607 050 | 2 and 607.1508. Florida Statutes | the above-named co | | | egistered |
| office or r | registered agent, or both, in the State | Florida. Such change was aut | norized by the corpora | progration submits this statement for the purpose ation's board of directors. I hereby accept the app | ointment as reg | istered |
| agent. I a | im familiar with, and accept the obligat | tions of, Section 607.0507/1-long | a Statutes. | a link | 39 | } |
| SIGNATURE | Signature, typed or printed name of registered agen | t and title if soplicable (NOTE: Re | egistered Agent signature requ | | | |
| 12. | | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTOR | RS IN 12 |
| TITLE | CD | ⊠ DELETE | 1.1 TITLE | | Change | ☐ Addition |
| NAME | MUSUMECI, S. CHARLES | | 1.2 NAME | | | { |
| STREET ADDRESS | 455 KOSSUTH ST | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PARAMUS NJ | | 1.4 CITY-ST-ZIP | | | |
| TITLE | S | ☐ DELETE | 2.1 TITLE | | Change | Addition |
| NAME | STACY, CHARLES M | | 2.2 NAME | | | |
| STREET ADDRESS | W 148 WINDSOR RD | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PARAMUS NJ 07652 | | 2.4 CITY-ST-ZIP | | | |
| TITLE | CD | ☐ DELETE | 3.1 TITLE | | Change | ☐ Addition |
| NAME | MUSUMECI, JOSEPH C. | • | 32 NAME | | | |
| STREET ADDRESS | 36 HICKORY LN. | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | WALDWICK, NJ. | | | | | |
| TITLE | | | 3.4. CITY-ST-ZIP | | | |
| NAME | | ☐ DELETE | 3.4. CITY-\$T-ZIP 4.1 TITLE | | ☐ Change | Addition |
| | PD | ☐ DELETE | | | ☐ Change | Addition |
| STREET ADDRESS | PD MUSUMECI, JR S CHARLES | ☐ DELETE | 4.1 TITLE | | ☐ Change | Addition |
| STREET ADDRESS | PD MUSUMECI, JR S CHARLES | ☐ DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP | | ☐ Change | Addition |
| | PD MUSUMECI, JR S CHARLES 11-13 COPLEY ST | ☐ DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP | CHAIRMAN - DIVECTOR | ☐ Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | PD MUSUMECI, JR S CHARLES 11-13 COPLEY ST | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME T | DANIEL D DYER | | |
| STREET ADDRESS CITY-ST-ZIP TITLE | PD MUSUMECI, JR S CHARLES 11-13 COPLEY ST | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | DANIEL D DYER | ☐ Change | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | PD MUSUMECI, JR S CHARLES 11-13 COPLEY ST | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | DANIEL D DYER | ☐ Change | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | PD MUSUMECI, JR S CHARLES 11-13 COPLEY ST | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | DANIEL D DYER | ☐ Change | ⊠ Addition |
| STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP | PD MUSUMECI, JR S CHARLES 11-13 COPLEY ST | □ DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | DANIEL D DYER | ☐ Change | № Addition - 98467 |

14. 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 of 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 attaghment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

201-797-6668