


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership AIR ASSOCIATES, LIMITED PARTNERSHIP OF NEW JERSEY		1a. DOCUMENT # A30063			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 SEP 14 PM 3:31



Mailing Address 740 JANE DRIVE FRANKLIN LAKES NJ 07417		Principal Office Address 740 JANE DRIVE FRANKLIN LAKES NJ 07417		3. Date Formed or Registered 05/10/1990	5a. Capital Contributions as Shown on record. \$10,000.00
				3a. Date of Last Report 09/08/1997	5b. Amount of Capital Contributions in FLORIDA to date:
				4. State or Country of Formation NJ	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		6. FEI Number 22-3076684	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		22-3076684-0 -09/16/98--01039--015 ****158.75 ****158.75 FL	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submit 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) SEIGEL, JAN K SEIGEL, JUDY L	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 740 JANE DRIVE 740 JANE DRIVE	11b. City, State & Zip Code FRANKLIN LAKES NJ FRANKLIN LAKES NJ	11c. Registration/Document Number
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Jan K Seigel

DATE

9/7/98

Typed or Printed Name of General Partner Signing Form

JAN K SEIGEL

Daytime Telephone Number

(201) 444-4000

CR2E003 (8/98)