

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F22170 (7)

1. Corporation Name

AFTEC PROP, INC.

Principal Place of Business

370 W. CAMINO GARDENS BLVD.  
SUITE 300  
BOCA RATON FL 33432

Mailing Address

200 CENTRAL AVE.  
MOUNTAINSIDE NJ 07909  
US



2. Principal Place of Business  
21 370 W. CAMINO GARD  
Suite, Apt. #, etc.  
22 SUITE 108  
City & State  
23  
Zip  
24  
Country  
25  
26 200 CENTRAL AVE  
Suite, Apt. #, etc.  
27  
City & State  
28 MOUNTAINSIDE NJ  
Zip  
29 07092  
Country  
30 USA

3. Date Incorporated or Qualified 03/06/1981  
3a. Date of Last Report 04/20/1995  
4. FEI Number 59-2620432  
Applied For  
Not Applicable  
5. Certificate of Status Desired X \$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

9. Name and Address of Current Registered Agent

ROSENBAUM, DANIEL S  
500 AUSTRALIAN AVENUE SOUTH  
NINTH FLOOR  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and the applicable

DATE: Registered Agent Signature required when making

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSS, JOHN P	1.2 NAME	
STREET ADDRESS	1320 SW 20TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, EDWARD D.	2.2 NAME	
STREET ADDRESS	91 CHRISTINE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	E. HANOVER NJ 07936	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDSON, ANNA L.	3.2 NAME	
STREET ADDRESS	1320 S.W. 20TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON FL 33486
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNA L. EDSON

3-15-96

908-789-322

Date

Day, Month, Year

X112

CR2E034 (12/95)