


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F92000000580 (2) 1. Corporation Name THE FURST GROUP HEADQUARTERS, INC.			
Principal Place of Business FURST COMMERCE CENTER 459 OAKSHADE ROAD VINCENTOWN NJ 08088		Mailing Address FURST COMMERCE CENTER 459 OAKSHADE ROAD VINCENTOWN NJ 08088-8520	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: _____ DATE: _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	PVC	<input type="checkbox"/> DELETE	
NAME	STREEP, JOHN S		
STREET ADDRESS	13 SHADOW LAKE DR.		
CITY-ST-ZIP	INDIAN MILLS NJ 08088		
TITLE	VC	<input type="checkbox"/> DELETE	
NAME	KAYLOR, JAMES D		
STREET ADDRESS	3961 GRAND RIVER DR.		
CITY-ST-ZIP	GRAND RAPIDS MI 49505		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	BRINN, SUZANNE M		
STREET ADDRESS	113 NORTH AVE.		
CITY-ST-ZIP	BLUE ANCHOR NJ 08037		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	PHIPPS, WAYNE C		
STREET ADDRESS	12 SUMMITT COURT		
CITY-ST-ZIP	MARLTON NJ		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	BOCKEL, JEFFREY L		
STREET ADDRESS	239 ST DAVID CT		
CITY-ST-ZIP	MT LAUREL NJ		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	V.P. / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	
6.2 NAME	Hubert Streep		
6.3 STREET ADDRESS	16 Hawthorne Dr.		
6.4 CITY-ST-ZIP	Medford NJ 08055		
14. I do 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. 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 obtained, or on an attachment with an address.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

