

5-21-98 B 7804 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 21 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1992

4. FEI Number

22-3015385

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
STREEP, JOHN S  
13 SHADOW LAKE DR.  
INDIAN MILLS NJ

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
KAYLOR, JAMES D  
3961 GRAND RIVER DR.  
GRAND RAPIDS MI

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
BRINN, SUZANNE M  
113 NORTH AVE.  
BLUE ANCHOR NJ 08037

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
PHIPPS, WAYNE C  
12 SUMMITT COURT  
MARLTON NJ

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
BOCKEL, JEFFREY L  
239 ST DAVID CT  
MT LAUREL NJ

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPD  
STREEP, HUBERT  
16 HAWTHORNE DR  
MEDFORD NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
PRESIDENT

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
Vice President

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
Director only

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
Treasurer

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.

SIGNATURE:

*Suzanne M Brinn*

5-17-98

609-268-8000

CR2E034 (10/97)