

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000580

1. Corporation Name

THE FURST GROUP HEADQUARTERS, INC.

FILED
Jun 17, 1999 8:00 am
Secretary of State

06-17-1999 90005 016 ***550.00

0546284



Principal Place of Business FURST COMMERCE CENTER 459 OAKSHADE ROAD VINCENTOWN NJ 08088	Mailing Address FURST COMMERCE CENTER 459 OAKSHADE ROAD VINCENTOWN NJ 08088
2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

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 the current year Intangible Personal Property Tax. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City FL	Zip Code 85

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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEEP, JOHN S 13 SHADOW LAKE DR. INDIAN MILLS NJ	□ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 15841 Kilmarnock Dr. PT. MYERS FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAYLOR, JAMES D 3961 GRAND RIVER DR. GRAND RAPIDS MI	□ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 14200 NW 112th St. Malcolm NE 48408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRINN, SUZANNE M 113 NORTH AVE. BLUE ANCHOR NJ 08037	□ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHIPPS, WAYNE C 12 SUMMITT COURT MARLTON NJ	□ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 9 Points View Dr. Marlton NJ 08055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCKEL, JEFFREY L 239 ST DAVID CT MT LAUREL NJ	□ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 10157 Diamond Lake Dr. Boynton Beach FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEEP, HUBERT 16 HAWTHORNE DR MEDFORD NJ	□ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Treasurer and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)