FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000000107 (3)**

1. Corporation Name
MONITAL SIGNAL CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:45

Principal Place of Business	Mailing Address
2210 LANDMARK PLACE MANASQUAN NJ 08736-1025	P.O. BOX 53 ALLENWOOD NJ 08720-0053

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/07/1993
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 22-2427806 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POLLACK, ROY
2405 STONEGATE DRIVE
WELLINGTON FL 33414

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	SACKS, RAYMOND	12 NAME		
STREET ADDRESS	11 ANN COURT	13 STREET ADDRESS		
CITY-ST-ZIP	TINTON FALLS NJ 07724	14 CITY-ST-ZIP		
TITLE	T	21 TITLE	T/V/S	☒ Change ☐ Addition
NAME	ZISA, FRANK P.	22 NAME	ZISA, FRANK P.	
STREET ADDRESS	1357 HILL GRASS CT.	23 STREET ADDRESS	SAME	
CITY-ST-ZIP	TOMS RIVER NJ	24 CITY-ST-ZIP	SAME	
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	MCKELLIGETT, RICHARD	32 NAME		
STREET ADDRESS	87 LIBERTY ST.	33 STREET ADDRESS		
CITY-ST-ZIP	CLARK NJ	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☒ Change ☐ Addition
NAME	LEONARD, ELMAN	42 NAME	DELETE LEONARD ELMAN	
STREET ADDRESS	6TH FLOOR, 805 THIRD AVE.	43 STREET ADDRESS	FROM THIS REPORT	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 added in an attachment with an address.

SIGNATURE: _____ 2/4/95 908 528 3900 x3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0464204 FN