FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000000107 (3)**

1. Corporation Name

MONITAL SIGNAL CORP.

Principal Place of Business

2210 LANDMARK PLACE
MANASQUAN NJ 08736-1025

Mailing Address

P.O. BOX 53
ALLENWOOD NJ 08720-0053

3. Date Incorporated or Qualified: **01/07/1993**

3a. Date of Last Report: **02/13/1995**

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	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	TVS	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ZISA, FRANK P.		22 NAME	
STREET ADDRESS	1357 HILL GRASS CT.		23 STREET ADDRESS	
CITY-ST-ZIP	TOMS RIVER NJ		24 CITY-ST-ZIP	
TITLE	V	☐ DELETE	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		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	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)(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 on an attachment with an address.

SIGNATURE: _____ 3/5/96 9085083900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Frank P. Zisa

CR2E034 (12/95)