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Feb 27 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 # **F93000000330 (1)**

1. Corporation Name
CONSOLIDATED AFFILIATES, INC.

Principal Place of Business

**2 GERMAK DR.
CARTERET NJ 07008**

Mailing Address

**2 GERMAK DR.
CARTERET NJ 07008-1217**



2. Principal Place of Business

21 25 SOUTH MAIN ST.

Suite, Apt. #, etc.

22 SUITE 11

City & State

23 EDISON NJ

Zip

24 08837

Country

25 MIDDLESEX

2a. Mailing Address

26 25 SOUTH MAIN ST.

Suite, Apt. #, etc.

27 SUITE 11

City & State

28 EDISON NJ

Zip

29 08837

Country

30 MIDDLESEX

3. Date Incorporated or Qualified

01/25/1993

3a. Date of Last Report

02/13/1996

4. FEI Number

NOT APPLICABLE

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 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]

Signature typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P LETTS, CRAIG W.**

STREET ADDRESS **2 GERMAK DR.**

CITY - ST - ZIP **CARTERET NJ**

TITLE ☐ DELETE

NAME **V STAFFORD, BARRY C.**

STREET ADDRESS **2 GERMAK DR.**

CITY - ST - ZIP **CARTERET NJ**

TITLE ☐ DELETE

NAME **ST FERRARA, VIRGINIA C.**

STREET ADDRESS **2 GERMAK DR.**

CITY - ST - ZIP **CARTERET NJ**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

**25 S. MAIN ST. SUITE 11
EDISON NJ 08837**

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

**25 S. MAIN ST. SUITE 11
EDISON NJ 08837**

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

**25 S. MAIN ST. SUITE 11
EDISON NJ 08837**

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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; that I am an officer or director of the corporation or the registered agent 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 in an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

908-767-9333

CR2E034 (9/96)