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FILED

**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

Mailing Address

**2 GERMAK DR.
CARTERET NJ 07008**

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

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

2. Principal Place of Business

21 25 SOUTH MAIN ST.

Suite, Apt. #, etc.

22 SUITE 11

City & State

23 EDISON NJ

Zip

24 08837

County

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

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

**P
NAME LETTS, CRAIG W.
STREET ADDRESS 2 GERMAK DR.
CITY - ST - ZIP CARTERET NJ**

TITLE DELETE

**V
NAME STAFFORD, BARRY C.
STREET ADDRESS 2 GERMAK DR.
CITY - ST - ZIP CARTERET NJ**

TITLE DELETE

**ST
NAME FERRARA, VIRGINIA C.
STREET ADDRESS 2 GERMAK DR.
CITY - ST - ZIP CARTERET NJ**

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

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

21 TITLE

22 NAME

23 STREET ADDRESS

2. 4 CITY - ST - ZIP

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

31 TITLE

32 NAME

33 STREET ADDRESS

3. 4 CITY - ST - ZIP

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

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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: X

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

Date

Daytime Phone #

908-767-9333

CR2E034 (9/96)