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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

FILED Apr 06 1998 8:00am Secretary of State

DOCUMENT # F93000000713 (8) HERBERT ABRAMS COMPANY, INC. Principal Place of Business Mailing Address 1655 IMPERIAL WAY 1655 IMPERIAL WAY THOROFARE NJ 08088 THOROFARE NJ 08086 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 23-1673998 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes Пио 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 THOMAS, DOUGLAS 4960 E. LAKELAND COMMERCE PARKWAY 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33806 83 84 City 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 ponted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PRES. DENT **V** DELETE Change Addition 1.1 TITLE TITLE WILLIAM KENWORTHY ABRAMS, HERBERT 1.2 NAME NAME 10 VICTORIA COURT 13795 LABATEAU LANE STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL 33410 MEDFIND,NJ 08055 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE SECRE TARY Change Addition 2.1 TITLE TITLE ABRAMS, MONA DAVIO NAYLOR NAME 2.2 NAME 1200 LODGE LANE 412 FAWN HILL LANE 2.3 STREET ADDRESS STREET ADDRESS NARBERTH PA 19072 WILMINGTON, DE 14809 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 31 THUE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ Change TATE F DELETE 4.1 TOLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ... Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY- ST- ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 eath; 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 addition.

1 1.00.

3 /2 100 (C.09) 848-573