## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## F9300002902 (5) DOCUMENT #

SERVICE ADMINISTRATORS, INC. (USA)

APPROVED

98 MAY 26 PM 2: 22

SECRETARY OF STATE TALL AHASSEE, FLORIDA



Principal Place of Business Mailing Address 300 BENEFICIAL CENTER 400 BENEFICIAL CENTER PEAPACK NJ 07977 PEAPACK NJ 07977 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/18/1993 2, Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 84-6038195 Not Applicable 21 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 Zip Country 8. This corporation owes or has paid the current year Intengible □ No Personal Property Tax due J⊍ne 30. Yes 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Standare, typed or annied mess, of top secret a jest and the if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE O'BRIEN, DANIEL R 1.2 NAME NAME **400 BENEFICIAL CENTER** STREET ADDRESS 13 STREET ADDRESS PEAPACK NJ 07977 CITY-ST-ZIP 1.4 C(1Y-ST-Z)P DELFTE Asst. VP X Addition **VPCF** 2.1 TITLE Change TITLE James J. McDonough NAME COZZA, PATRICK A 2.2 NAME 300 Beneficial Center 400 BENEFICIAL CENTER STREET ADDRESS 2.3 STREET ADDRESS **PEAPACK NJ** 2 4 CHY-ST-7IP Peapack, NJ 07977 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE vollowitz. Robert S 3.2 NAME NAME 400 BENEFICIAL CENTER STREET ADDRESS 3.3 STREET ADDRESS -05/27/98--01096--011 PEAPACK NJ CITY-ST-ZIP 3.4. CITY - S1 - ZIP \*\*\*2850,00-DELETE TITLE 4 ) TITLE WOLFANGER, LAVERNE R 4. 2 NAME NAME **400 BENEFICIAL CENTER** STREET ADDRESS 4.3 STREET ADDRESS PEAPACK NJ CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE FISHER, LEONARD M 5.2 NAME NAME **400 BENEFICIAL CENTER** STREET ADDRESS 5.3 STREET ADDRESS PEAPACK NJ CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Addition 6 1 1111.6 TITLE LUNEMANN, GERARD 62 NAMI NAME **400 BENEFICIAL CENTER** STREET ADDRESS 6.3 STREET ADDRESS PEAPACK NJ 07977 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 oath; that I am an officer or director of the corporation or the receiver or trustice engowered 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 attachin 0-1