COR ANNL	PROFIT PORATION JAL REPORT 1996	• FLORIDA DEPARI Sandra B Secretary DIVISION OF CO	Mortham of State		
DOCUI	MENT # F930 0	00004976 (7)			
	E MASTER SERVICES, INC).		4 (RAIJON 2010 (RING 1121) NOLL AGU	(851): 851(85)(85)(85)(85)(85)(85)(85)(85)
Principal Place	of Business	Mailing Address			
37 EAST WILL MILLBURN N	llow street IJ 07041	37 EAST WILLOW STREE MILLBURN NJ 07041	ET		
				 Date Incorporated or Qualified 11/03/1993 	3a. Date of Last Report 02/21/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	S8.75 Additional
City & State	}	City & State		Election Campaign Financing	\$5.00 May Pa
23 Zip	Country	7(p	Country	Trust Fund Contribution 8. This corporation has liability for its component of the compone	Added to Fees
24	9. Name and Address of Curre		30		□No
			81 Name	ou HISCIONE	едізсеген Адепс
	ENTICE-HALL CORPORATION S AYS STREET	SYSTEM INC.		ess (P.O. Box Number is Not Acceptab	le)
SUITE_1	95		83	SW B2 AVE	
	ASSEE FL 32301		84 City	LANDERMER	FL 85 Zip Code
11. Pursuant to or registere	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor	2 and 607.1508, Florida Statutes, ida. Such change was authorized l	the above named corpora	ration submits this statement for the pur	pose of changing its registered office
I GUT TILIGIT YYIL		End COZ OFOR FILLIAN ON LA	by the corporation's boar	of directors. I hereby accept the appoint	ointment as registered agent. I am
SIGNATURE	LOU HISCIONE	× /	Maris /	of directors I hereby accept the appoint	ointment as registered agent. I am
SIGNATURE	LOU HISC (ON E Signature, byted or printed panic of registered ager	× /	Brigistered Agent signature required	d when reinstating	DATE
SIGNATURE _	COU HISCION S Signature, by-ed or printed name of registered agen OFFICERS AN PD	t and title (applicable MOTE)	Hogsfored Agent signature required 13. 1.1 TILE	My	DATE
SIGNATURE _	LOU HISCION C Synature, byted or printed name, of registered agen OFFICERS AN	at and title if a, plicable points	Highland Agent signature required 13. 1.1 TITLE 1.2 NAME	d when reinstating	DATE
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