

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000001178 (2)**

1. Corporation Name  
**P.P. TEXEL & CO., INC.**



Principal Place of Business: **VICTORIA PLAZA  
615 HOPE ROAD  
EATONTOWN NJ 07724**

Mailing Address: **12685 WHITE CORAL DR  
615 HOPE ROAD  
WELLINGTON FL 33414  
US**

3. Date Incorporated or Qualified: **03/08/1994**

3a. Date of Last Report: **07/11/1995**

4. FEI Number: **22-2664160**

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, 22, 23, 24

2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**TEXEL, PUTNAM P  
12685 WHITE CORAL DRIVE  
WELLINGTON FL 33414**

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, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |   |                                 |
|-----------------|---|---------------------------------|
| TITLE           | <b>POT</b>                              | <input type="checkbox"/> DELETE |
| NAME            | <b>TEXEL, PUTNAM P</b>                  |                                 |
| STREET ADDRESS  | <b>12685 WHITE CORAL DRIVE</b>          |                                 |
| CITY - ST - ZIP | <b>WELLINGTON FL 33414</b>              |                                 |
| TITLE           | <b>S</b>                                | <input type="checkbox"/> DELETE |
| NAME            | <b>BOWE, WILLIAM</b>                    |                                 |
| STREET ADDRESS  | <b>125 HALF MILE ROAD/ P.O. BOX 190</b> |                                 |
| CITY - ST - ZIP | <b>MIDDLETOWN NJ 07748</b>              |                                 |
| TITLE           |   | <input type="checkbox"/> DELETE |
| NAME            |   |                                 |
| STREET ADDRESS  |   |                                 |
| CITY - ST - ZIP |   |                                 |
| TITLE           |   | <input type="checkbox"/> DELETE |
| NAME            |   |                                 |
| STREET ADDRESS  |   |                                 |
| CITY - ST - ZIP |   |                                 |
| TITLE           |   | <input type="checkbox"/> DELETE |
| NAME            |   |                                 |
| STREET ADDRESS  |   |                                 |
| CITY - ST - ZIP |   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 64 CITY - ST - ZIP |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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 made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Putnam P. Texel* Putnam P. Texel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FE-034 (3/96)