

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$225)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:29

DOCUMENT # F94000003087 (3)

1. Corporation Name
W&H SYSTEMS, INC.

Principal Place of Business

130 ASIA PLACE
CARLSTADT NJ 07072

Mailing Address

130 ASIA PLACE
CARLSTADT NJ 07072

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quoted

06/14/1994

3a. Date of Last Report

4. Fed Number

13-1996491

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 unemployment tax under s. 100 (1)(2)
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc

State, Apt. #, etc

City & State

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature of person authorized to register agent and file if applicable

Signature of Registered Agent or person authorized to register agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PTCD	IVERSON, ALFRED	205 ALEXANDRA AVE	UPPER MONTDAIR NJ
ASD	LANDES, HENRY M	284 CASTLE DRIVE	ENGLEWOOD CLIFFS NJ
V	IVERSON, JIM	28 SEVEN OAKS CIRCLE	HOLMDEL NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	☒	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP	☐	☐
61 TITLE	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)(k), 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 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 address.

SIGNATURE: *Alfred Iverson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-23-95 (201) 933-7840
DATE (Signature Block)

CR2E034 (3/95)