

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000004660 (6)**

1. Corporation Name

GENPAC CORPORATION SOUTH



Principal Place of Business

Mailing Address

8290 NATIONAL HWY.
PENNSAUKEN NJ 08110

8290 NATIONAL HWY.
PENNSAUKEN NJ 08110

2. Principal Place of Business

2a. Mailing Address

21 **PO Box 566**

26 **PO Box 566**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 **Tholofare NJ**

23 **Tholofare NJ**

28 **Tholofare NJ**

24 Zip **08084** 25 Country

29 Zip **08084** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLOOM, ERWIN A
1505 POINSETTA DR. BAY 5
DELRAY BEACH FL 33444**

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, typed or printed name of registered agent (Block 12) (If applicable)

(If New Registered Agent signature required, check here)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BLOOM, ERWIN A	
STREET ADDRESS	6284 LA COSTA DR. APT. H	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLOOM, ERIC A.	
STREET ADDRESS	118 CYPRESS COURT	
CITY - ST - ZIP	CHERRY HILL NJ	
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		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	922 Lakeside Blvd
1.4 CITY - ST - ZIP	BOCA RATON, FL 33434
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96 609-251-9800
Date Daytime Phone #

CR2E034 (12/95)