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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 02 1998 8:00am

Secretary of State

Change

2/20/08

Addition

Secretary of State **DIVISION OF CORPORATIONS**

F9400004660 (6) DOCUMENT #

GENPAC CORPORATION SOUTH

Principal Place of Business Mailing Address PO BOX 566 PO BOX 566 THOROFARE NJ 08086 THOROFARE NJ 08086 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/09/1994 Principal Place of Business 541 W. Ingham Ave. 2a. Mailing Address 541 W. 4. FEI Number Applied For Ingham Ave. 22-1987972 Not Applicable 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 N.J. Trenton, Trenton, 23 28 N.J. Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 08638 USA 29 08638 USA 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ploon **BLOOM, ERWIN A** 1505 POINSETTA DR. BAY 5 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33444** RI 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 on both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of F agent. I am familiar with, and accept the obligation SIGNATURE: (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE **BLOOM, ERWIN A** NAME 1.2 NAME 922 LAKESIDE BLVD STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE Pasident Change BLOOM, ERIC A. 2.2 NAME 118 CYPRESS COURT STREET ADDRESS 2.3 STREET ADDRESS **CHERRY HILL NJ** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

14. I hereby 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 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.

DELETE