

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

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortonham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 994000004432		ORIGINAL For Taxing Authorities	
1. Corporation Name OPEX CORPORATION			
Principal Place of Business 305 COMMERCE DRIVE (SAME) MOORESTOWN, NJ 08057		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
3. Date Incorporated or Qualified 09/23/73		3a. Date of Last Report	
4. FEI Number 22-2013892		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
8. Name and Address of Current Registered Agent GAY BRUMLEY 569 CANTERBURY COURT MT. DORA, FL 32757		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent		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 <u>GAY BRUMLEY</u> Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE <u>5/11/98</u>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	ALBERT F. STEVENS
STREET ADDRESS		1.3 STREET ADDRESS	303 SOMERS AVENUE
CITY - ST - ZIP		1.4 CITY - ST - ZIP	MOORESTOWN, NJ 08057
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	JOANNA STEVENS
STREET ADDRESS		2.3 STREET ADDRESS	303 SOMERS AVENUE
CITY - ST - ZIP		2.4 CITY - ST - ZIP	MOORESTOWN, NJ 08057
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	MARK STEVENS
STREET ADDRESS		3.3 STREET ADDRESS	30 GLEN LAKE DRIVE
CITY - ST - ZIP		3.4 CITY - ST - ZIP	MEDFORD, NJ 08055
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DAVID STEVENS
STREET ADDRESS		4.3 STREET ADDRESS	128 THIRD AVENUE
CITY - ST - ZIP		4.4 CITY - ST - ZIP	HADDON HEIGHTS, NJ 08035
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	000000255
STREET ADDRESS		6.3 STREET ADDRESS	-06/18/98--010007--021
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***61.25
14. I do 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.			
SIGNATURE: <u>Joanna R. Stevens</u>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	