

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005288 (5)

1. Corporation Name

NATIONAL COMPUTER RESOURCES, INC. OF N.J.

Principal Place of Business

Mailing Address

501 E. SOUTH STREET
ORLANDO FL 32801

501 E. SOUTH STREET
ORLANDO FL 32801-2817



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/12/1994	3a. Date of Last Report 10/02/1996
21		26		4. FEI Number 22-3151757	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARRY, STEPHEN T
501 E. SOUTH STREET
ORLANDO FL 32801

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DILTS, RICHARD W	1.2 NAME	N. Norman Muller
STREET ADDRESS	300 BUCKLEW AVE SUITE 201	1.3 STREET ADDRESS	747 Third Avenue
CITY-ST-ZIP	JAMESBURG NJ 08831	1.4 CITY-ST-ZIP	New York, NY 10017
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, FREDERICK	2.2 NAME	David A. Mortman
STREET ADDRESS	300 BUCKLEW AVE. SUITE 201	2.3 STREET ADDRESS	747 Third Avenue
CITY-ST-ZIP	JAMESBURG NJ 08831	2.4 CITY-ST-ZIP	New York, NY 10017
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, STEPHEN T	3.2 NAME	
STREET ADDRESS	501 E. SOUTH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUCCHI, ANTHONY	4.2 NAME	Howard Maidenbaum
STREET ADDRESS	1028 SAUNDERS LANE	4.3 STREET ADDRESS	747 Third Avenue
CITY-ST-ZIP	WEST CHESTER PA 19380	4.4 CITY-ST-ZIP	New York, NY 10017
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANIERI, ELAINE	5.2 NAME	Johan De Muinck Keizer
STREET ADDRESS	747 THIRD AVENUE 17TH FLOOR	5.3 STREET ADDRESS	747 Third Avenue
CITY-ST-ZIP	NEW YORK NY 10017	5.4 CITY-ST-ZIP	New York, NY 10017
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	William C. Kaltnecker
STREET ADDRESS		6.3 STREET ADDRESS	747 Third Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	New York, NY 10017

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0081825

CR2E034 (9/96)