SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F94000005312 (3)**

1. Corporation Name
COVER-ALL SYSTEMS, INC.

Principal Place of Business	Mailing Address
18-01 ~~17-01~~ POLLITT DR. FAIR LAWN NJ 07410	18-01 17-01 POLLITT DR. FAIR LAWN NJ 07410

3. Date Incorporated or Qualified: **10/13/1994**
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business — 21: 18-01 Pollitt Drive
2a. Mailing Address — 26: 18-01 Pollitt Drive
Suite, Apt #, etc — 22:
Suite, Apt #, etc — 27:
City & State — 23: Fair Lawn NJ 07410
City & State — 28: Fair Lawn NJ 07410
Zip — 24: 07410 Country — 25:
Zip — 29: 07410 Country — 30:

4. FEI Number: **22-3015101** ☐ 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 intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CALVO, RAUL F.
4811 BEACH BLVD.
JACKSONVILLE FL 32207

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 _____ (DATE)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	P	☐ Change ☒ Addition
NAME	REPOLI, MICHAEL		12 NAME	Peter Lynch	
STREET ADDRESS	4811 BEACH BLVD.		13 STREET ADDRESS	18-01 Pollitt Drive	
CITY-ST-ZIP	JACKSONVILLE FL 32207		14 CITY-ST-ZIP	Fair Lawn, NJ 07410	
TITLE	V	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, R.		22 NAME		
STREET ADDRESS	17-01 POLLITT DRIVE		23 STREET ADDRESS		
CITY-ST-ZIP	FAIR LAWN NJ		24 CITY-ST-ZIP		
TITLE	S	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	GUBAR, LEONARD		32 NAME		
STREET ADDRESS	37 W. 12TH PT.		33 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10011		34 CITY-ST-ZIP		
TITLE	T	☐ DELETE	41 TITLE	V	☒ Change ☐ Addition
NAME	CALVO, RAUL F		42 NAME	Calvo, Raul F	
STREET ADDRESS	17-01 POLLITT DR.		43 STREET ADDRESS	18-01 Pollitt Drive	
CITY-ST-ZIP	FAIR LAWN NJ 07410		44 CITY-ST-ZIP	Fair Lawn, NJ 07410	
TITLE	D	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	KREIGER, HARVEY		52 NAME		
STREET ADDRESS	17-01 POLLITT DR.		53 STREET ADDRESS		
CITY-ST-ZIP	FAIR LAWN NJ 07410		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE	D	☒ Change ☐ Addition
NAME	MOCCIA, AL		62 NAME	Moccia, Al	
STREET ADDRESS	17-01 POLLITT DR.		63 STREET ADDRESS	18-01 Pollitt Dr.	
CITY-ST-ZIP	FAIR LAWN NJ 07410		64 CITY-ST-ZIP	Fair Lawn, NJ 07410	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/17/96 201-794-2844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #