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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

F9400006480 (7) **DOCUMENT #** 

FIRST COLONIAL	MORTGAGE	OF	NJ,	INC.
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Principal Place of Business Mailing Address						
812 NORTHV LINDEN NJ (		812 NORTHWOOD A LINDEN NJ 07036	VE.			
					<ol> <li>Date Incorporated or Qualified</li> <li>12/19/1994</li> </ol>	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 Suito Ast	# alo	26	···		22-2710426	Not Applicable
Suite, Apt. 4		Suite, Apt. #, etc. <b>27</b>			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	1	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ <b>24</b> ]	Country 25	Zip 29	Country 30		8. This corporation has liability for in Florida Statutes	ntangible tax under s 199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	<del></del>
			81	Name		
	EDWARD		82	Street Ado	dress (P.O. Box Number is Not Acceptable	le)
	SUNRISE, B-5			·		
PT LAUL	DERDALE FL 33304		63			
			84	City		FL 85 Zip Coxle
11. Pursuant to or registere familiar with	o the provisions of Sections 607.0502 and agent, or both, in the State of Flori	e and 607.1508, Florida Statu da. Such change was authori	ites, the above-rized by the corp	named corpo pration's boa	pration submits this statement for the purp and of directors. I hereby accept the appo	poor of changing its registered off
SIGNATURE _	Edward 1	Delu-				4/30/96
12.			IOTE: Registered Agen	signature requir		DATE
TITLE	P	D DIRECTORS  DELETE	13. 1. 1 TITLE	T	ADDITIONS/CHANGES TO OFFICE	
NAME	BREHM, EDWARD	□ beccit	1.2 NAME			Change Addition
STREET ADDRESS	15 WOODSHOLE RD.		1.3 STREE 1	Annocce		
CITY - ST - ZIP	CRANFORD NJ 07016		1.4 CITY-S			
TITLE	VS	DELETE	2.1 TITLE	1-217		Change Addition
NAME	SCHRECK, DANIEL A		2.2 NAME	i		
STREET ADDRESS	1237 SLEEPY HOLLOW RD.		23STREET	ADDRESS		
CITY-ST-ZIP	SCOTCH PLAINS NJ 07076		2.4 CITY-S	-ZIP		
TITLE		DELETE	3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3. STREET	ADDRESS		
CITY-ST-ZIP			3.4 CITY - S <sup>3</sup>	- <b>Z</b> IP		ŀ
TOTLE		☐ DELETE	4. 1 THILE	Ţ.		Change Addition
NAME			4.2 NAME	ĺ		ļ
STREET ADDRESS			4.3 STREFT	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S1	- ZIP		
TITLE		DELETE	5 1 TITLE			Change Addition
NAME			52 NAME			
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST	- ZIF		
TITLE		DELETE	6. 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	ADDRESS		
CITY-ST-ZIP			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 13 if changed, or on an attachment with an address.

SIGNATURE:

908-486-7100