## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT: CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400006566 (3) 1. Corporation Name

TEN HOEVE BROS., INC.

Mailing Address

Principal Place of Business

## **FILED** Sep 30 1998 8:00am Secretary of State



601 COMMERCIAL AVE CARLSTADT NJ 07072		601 COMMERCIAL AVE CARLSTADT NJ 07072		DO NOT WRITE IN THIS SPACE	
				<ol> <li>Date Incorporated or Qualified</li> <li>12/22/1994</li> </ol>	
Principal Place of Business     The state of Business     The state of Business		2a. Mailing Address 26		4. FEI Number 22-2469056	Applied For Not Applicable
Suite, Apt. #, etc,		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		Election Campalgn Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	e curr <b>en</b> t year Intangible Yes No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Regist	ered Agent
	ton, <b>r</b> ichard Dis <b>tri</b> bution dr		81 Name	ANTHONY RAGEDACE	
	PA FL 33605		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
174171			83	4780 DISTRIBUTION D	<u> </u>
			84 City	TAMPA	FL 85 Zip Code 33601
11. Pursuan	t to the provisions of sections 607.0	502 and 607.1508, Florida Statute	es, the above-named co	rporation submits this statement for the purpose ration's beauty of directors. Thereby accept the	of changing its registered
agent. I	am familiar with, and accept the ob	ate of Florida. Such change was a bligations of, section 607.0505, Fl	orida Statutes.	ration's byay ovor directors, thereby account the	appointment as registered
SIGNATURE			11	willing 2. Illian	8.20-98
12	Signature, typed or printed name of registered	agent and title if applicable. (Ni AND DIRECTORS	OTE: Registered Agent signature		ATE
12.	CPTD	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	T-1
NAME	FRANK, PETER	[ ] DELETE	1.2 NAME		Change Addition
STREET ADDRESS	601 COMMERCIAL AVE		1.3 STREET ADORESS		
CITY-ST-ZIP	CARLSTADT NJ 07072		1.4 CITY-ST-ZIP		
TITLE	<u>v</u>	DELETE	2 1 TITLE		Change Addition
NAME	STEWART, KEITH A		2.2 NAME		
STREET ADDRESS	601 COMMERCIAL AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CARLSTADT NJ 07072		2.4 CITY-ST-ZIP		
TITLE	S KOMAR, RICHARD V	DELETE	3.1 TITLE	SECRETARY JAMES N. TIOUS	Change Addition
NAME	601 COMMERCIAL AVE			JAMES N. 7/8US	
STREET ADDRESS	CARLSTADT NJ 07072		3.3 STREET ADDRESS	GOT COMMERCIAL AVE.	
CITY-ST-ZIP TITLE	CARDIADI IIO GIGIZ	77,5,5,5	3.4 CITY-ST-ZIP	CARLSMOT, NJ. 5707.	
NAME		☐ DELETE	4.1 TRICE		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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. MITTBUS