

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000001768 (9)**

1. Corporation Name

**M P I OF NEW JERSEY, INC.**



Principal Place of Business

Mailing Address

277 FAIRFIELD RD.  
FAIRFIELD NJ 07004  
8-67 38th AVE  
L.I.C. NY 11101

277 FAIRFIELD RD.  
FAIRFIELD NJ 07004  
8-67 38th AVE  
L.I.C. NY 11101

2. Principal Place of Business

21 2460 LEMMON AVE

2a. Mailing Address

26 2460 LEMMON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 FORT LEE NJ

City & State

28 FORT LEE NJ

Zip

24 07024

Country

25 BERGEN

Zip

29 07024

Country

30 BERGEN

9. Name and Address of Current Registered Agent

LEHRHAUGT, MICHAEL  
1761 W. HILLSBORO BLVD.  
STE 320  
DEERFIELD BEACH FL 33442

81

Name MICHAEL LEHRHAUGT

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 607.1505, 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 (see page 10 for instructions)

Print Name (See page 10 for instructions)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HURLEY, DORIS	
STREET ADDRESS	181 DUNE RD.	
CITY-STATE-ZIP	WESTHAMPTON BEACH NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HURLEY, KEVIN	
STREET ADDRESS	181 DUNE RD.	
CITY-STATE-ZIP	WESTHAMPTON BEACH NY	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MATTUS, ROSE	
STREET ADDRESS	22 JACKSON DR.	
CITY-STATE-ZIP	CRESSKILL NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	300001750029
44 CITY-STATE-ZIP	03/20/96--01025--009
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	***200.00
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 12 or Block 13 if changed or on attachment to this address.

SIGNATURE:

Signature typed or printed (see page 10 for instructions)

DIRECTOR

1/23/96

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CR2E034 (12/95)