

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 # F95000002206 (9)

1. Corporation Name

MOWATT INC.



Principal Place of Business: **245 PROSPECT AVE., STE. 2B HACKENSACK NJ 07601-2571**
 Mailing Address: **245 PROSPECT AVE., STE. 2B HACKENSACK NJ 07601-2571**

3. Date Incorporated or Qualified: **05/04/1995** 3a. Date of Last Report
 4. FEI Number: **22-3327182** 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(3)(2), Florida Statutes: Yes No

2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip 24. Country
 25. Country
 26. Mailing Address
 26. Suite, Apt. #, etc.
 27. City & State
 28. Zip 29. Country
 30. Country

9. Name and Address of Current Registered Agent
MOWATT, ETTA L
700 MAGNOLIA BLVD.
WAUCHULA FL 33873

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City 85. Zip Code **FL**

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	MOWATT, ZEKE	
STREET ADDRESS	245 PROSPECT AVE., STE. 2B	
CITY - ST - ZIP	HACKENSACK NJ 07601	
TITLE	C	<input type="checkbox"/> DELETE
NAME	GALAZZO, MARIO	
STREET ADDRESS	2086 MORRIS AVE.	
CITY - ST - ZIP	UNION NJ 07083	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDBERG, JOEL	
STREET ADDRESS	1767 MORRIS AVE.	
CITY - ST - ZIP	UNION NJ 07083	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REED, WILLIS	
STREET ADDRESS	405 MURRAY HILL PKWY.	
CITY - ST - ZIP	EAST RUTHERFORD NJ 07073	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOWATT, DAN L	
STREET ADDRESS	36 MAPES AVE.	
CITY - ST - ZIP	NEWARK NJ 07112	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - 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 - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Zeke Mowatt* Zeke mowatt x 8/1/96 x 2014939486
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (By Type Printer)

CR2E034 (3/96)