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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 30 1997 8:00am Secretary of State

DOCUMENT # F9600000656 (6)

Principal Place		Mailing Address 6000 ATRIUM WAY MT. LAUREL NJ 08054	-3822	***************************************			
					3. Date Incorporated or Qualified	3a. Date of Last	Report
					02/08/1996		
2. Principal I	Place of Business NJ 08054 Laurel, NJ 08054 Commerce Pkwy,	2a. Mailing Address			4. FEI Number	}	pplied For
21 15000	Commerce Pkwy,	26			52-1639955		lot Applicable
— Suite, Apt — <sub>L</sub>	t #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & Sta	A	City & State	·	······································			Required
<del></del>	ite	h			8. Election Campaign Financing		May Be
<b>23</b>   Z <sub>1</sub> p	Country	<b>28</b>	Coun	tn/	Trust Fund Contribution		to Fees
24	25	29	30	uy	This corporation has liability for in Florida Statutes	rtangible tax under : Yes 🔲 No	s. 199.032,
24	9. Name and Address of Current		[30]		10. Name and Address of New Reg		
^ 1	CORPORATION SYSTEM			Name			
	XX SOUTH PINE ISLAND ROAD						
	ANTATION FL 33324		18	Street Add	dress (P.O. Box Number is Not Acceptable	(0)	
ru	MITATION FE 33324		1	33		<del> </del>	
			[	34 City		FL 85 Zip	Code
office or agent. I	am familiar with and accept the obliga	or Florida, Such change witinns of, Section 607,0505	vas authorized 5. Florida Statu	by the corpor tes.	ation's board of directors, Frieldby accep	тине врропшиеть а	s registered
SIGNATURE	Stignation, typed or prohibiname of high-tered agen	ir and tele Tapplicable ;	(NOTE: Registered a		rporation submits this statement for the putation's board of directors. It hereby acceptioned when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	
SIGNATURE		ar and tele. Lapplicable. DDRECTORS	(NOTE: Registered a	Agent signature req		DATE ERS AND DIRECTO	
SIGNATURE  12.  DITE	Stgrature, typed or professioner of regulered agen- OFFICERS AND	ir and tele Tapplicable ;	(NOTE: Progistered a	Ageni signature req	juired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	
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SIGNATURE  12.  DILE  NAME  STHEET AUDRESS  CITY - ST- ZEP  TILE	P NAGEL, H. ROBERT 8000 ATRIBUTA WAY 15000 C MT. LAUREL NJ 08054	ommerce Pkwy.	(NO1E: Ringistered 13. 1.1 TiTL 1.2 NAA 1.3 STR 1.4 CiTy 2.1 TiTL	Agent signature requirements for the set address (*-ST-ZIP*)	number of the state of the stat	DATE ERS AND DIRECTO Change	RS IN 12
SIGNATURE  12. DILE NAME STREET AUGRESS CITY - ST - 72P TILE NAME	P NAGEL, H. ROBERT 8000-ATRICHEM NJ 08054 VCFO MEIERHENRY, ROY A	ommerce Pkwy.	(NOTE: Ringistered 13. 1.1 TiTL 1.2 NAA 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA	Apeni signature requires to the second signature requires to the second	nthony F. Muoio 5000 Commerce Pkwy. t. Laurel, NJ 08054 aniel J. Happer	DATE ERS AND DIRECTO Change	RS IN 12
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14. I do nereby certify that the information supplied with this feing 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arm 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 of Block 13 of changed, or on an attachment with an address.

**SIGNATURE:** 

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

609-439-4901

Daytene Phone #