FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 23 1998 8:00am Secretary of State

1. Corporation	MENT # F9600 IGER FOWLER CO.	0002186 (2)	ı				
Principal Place	e of Business	Mailing Address			—	08 00 11 00 1 1100	
830 MORRIS TURNPIKE 830 MORRIS TURNPIKE							
SHORT HILLS NJ 07078 SHORT HILLS NJ 07078							
					DO NOT WRITE IN TH	S SPACE	
:					3. Date Incorporated or Qualified		
Principal Place of Business 2a. Mailing Address					05/01/1996 4. FEI Number		
21 26					22-0781130		lied For Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					_	\$8.75 Ad	
22 27					5. Certificate of Status Desired	Fee Requ	
City & State City & State					6. Ejection Campaign Financing	\$5.00 M	av Be
23		28			Trust Fund Contribution	Added to	
Zip Country		Zip	Zip Country		8. This corporation owes or has paid the	current year Intan	gible
24	25 29 30		30		Personal Property Tax due June 30.	Yes 🔲	No
	9. Name and Address of Currer		81	1 51	10. Name and Address of New Registere	d Agent	
CORPORATION SERVICE COMPANY				Name			.]
	D1 HAYS STREET		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301			-				
			83	'			
			84	City	F	85 Zip Co	de
11. Pursuant	to the provisions of Sections 607.050	02 and 607, 1508, Florida Statu	tes, the abov	e-named corp			registered
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorized b	y the corporat	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	ppointment as re	gistered
	m rammar with and acceptifice oblig	alions of, Section 607.0303, Fi	Uriga Statute	·\$.			· · ·
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if applicable. (NO	E. Registered Ag	ent signature requir	ed when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	IN 12
TITLE	DC	L. DELETE	1.1 YITLE			Change [Addition
NAME	WINDOLF, JOHN A		1.2 NAME				
STREET ADDRESS	FEATHERBED LN		1.3 STREE	T ADDRESS			Į
CITY - ST - ZIP	NEW VERNON NJ 07976		1.4 CITY - :	ST-ZIP			
TITLE	VP	L_ DELETE	2.1 TITLE	1		Change [Addition
NAME	CRISPO, G. ALEXANDER		2.2 NAME				-
STREET ADDRESS	46 POMEROY ROAD		2.3 STREE	T ADDRESS			1
CITY - ST-ZIP			2. 4 CITY -	ST-ZIP			
TITLE			3.1 TITLE			L Change [Addition
NAME	FOWLER, RICHARD C JR		3.2 NAME	ļ			ļ
STREET ADDRESS	54 LAURA LN		3.3 STREET	T ADDRESS			ļ
CITY - ST - ZIP	MORRISTOWN NJ 07960		3,4, CITY-	ST-ZIP			
TITLE	DEVP	L] DELETE	4.1 TITLE	1		L_ Change L	Addition
NAME	COOK, DOUGLAS		4. 2 NAME				
STREET ADDRESS	130 LLOYD ROAD		4.3 STREET	F ADDRESS			1
CITY - ST - ZIP	MONTCLAIR NJ 07042	F1 5-,	4.4 CITY - S	ST-ZIP		- 17 67 - 7	
TITLE	V	DELETE	5.1 TITLE			L_] Change [Addition
NAME	JENKINS, DONALD E		5.2 NAME				
STREET ADDRESS	415 PLAZA DR			f address			
CITY - ST - ZIP	WOODBRIDGE NJ 07095	1755	5.4 CITY - S	ST-ZIP			1 1 2 2 2 2 2
TITLE		☐ DELETE	6.1 TITLE	-		Change [Addition
NAME			6.2 NAME				
STREET ADDRESS		1	6.3 STREET				
CITY-ST-ZIP	77-ZIP 6.4.0		6.4 CITY-5	ST-ZIP	Carling at 0 of 000 Carling and a second		<u> </u>
indicated	on this annual report or supplied to	al annual report is true and ac-	or use exemp surate and th	at my signatur	Section 119.07(3)(i), Florida Statules. I further re shall have the same legal effect as if made by Chapter 607. Florida Statules: and the	under oath; that I	iormation am an

SIGNATURE:

RE REQUIRE Alaunder Cr