

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006016 (7)**

1. Corporation Name

**MERCHANDISE MANAGEMENT SYSTEMS, INC.**

Principal Place of Business

**88 S. FINLEY AVE.  
BASKING RIDGE NJ 07920**

Mailing Address

**88 S. FINLEY AVE.  
BASKING RIDGE NJ 07920**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/07/1996</b>		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>22-3406294</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81	Name
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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOTLAND, HOWARD	1.2 NAME	
STREET ADDRESS	2800 TRANS-CANADA HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POINTE-CLAIRE QUEBEC CANADA H9R-1B1	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, JOHN	2.2 NAME	
STREET ADDRESS	2800 TRANS-CANADA HWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	POINTE-CLAIRE QUEBEC CANADA H9R-1B1	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CHARLES	3.2 NAME	
STREET ADDRESS	88 S. FINLEY AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BASKING RIDGE NJ 07920	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUHANA, MICHAEL	4.2 NAME	
STREET ADDRESS	88 S. FINLEY AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BASKING RIDGE NJ 07920	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMEL, TINA	5.2 NAME	
STREET ADDRESS	88 S. FINLEY AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BASKING RIDGE NJ 07920	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, STEVEN	6.2 NAME	
STREET ADDRESS	ONE AMERICAN ROW	6.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT 06103-2819	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: X

SIGNATURE: J. M. FROST 07/24/97 (514) 426-0822

CR2E034 (4/97)