PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700003424 1. Corporation Name

Principal Place of Business	Mailing Address
OI MEADOW RD.	201 MEADOW RD.
DISON NJ 08817	EDISON NJ 08817

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90086 047 ***150.00

AEROGR	oup retail holdings, in	IC.					
Principal Place	of Business	Ma	iling Address				6 1065/108 strip 197/11 189/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11
201 MEADOW RD. 201 MEADOW RD. EDISON NJ 08817 EDISON NJ 08817							DO NOT WRITE IN THIS SPACE .
							3. Date Incorporated or Qualifed
							07/01/1997
<u> </u>	ace of Business	2a.	Mailing Address				4. FEI Number Applied For
21	26				<u></u>		51-0364650 Not Applicable \$8.75 Additional
	pt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired Fee Required
City & State	State City & State				_	 : - ; '	6. Election Campaign Financing \$5.00 May Be
23		28	·			_	Trust Fund Contribution Added to Fees
Zip	Country				y		8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax.
	9. Name and Address of Current	t Regist	tered Agent	81	Т	Name	10. Name and Address of New Registered Agent
COB	PORATION SERVICE COMPANY				1	_	
	HAYS STREET			82		Street A	Address (P.O. Box Number is Not Acceptable)
,	AHASSEE FL 32301-2525			83	1		
				_	+	Oit.	■■ 85 Zip Code
ļ				84	Į	City	FL {
office or re agent. I as	egistered agent, or both, in the State of mailiar with, and accept the obligations of the obligation o	of Florid tions of,	a. Such change was au Section 607.0505, Flori	ida Statute	/ II S.	ne corpor	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AND			13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CT		☐ DELETE	1.1 TITLE	_	Γ	☐ Change ☐ Addition
NAME	DANDERLINE, RICHARD G			1.2 NAME		1	
STREET ADDRESS					T.	ADDRESS	
CITY-ST-ZIP	SPARTA NJ 07871			1.4 CITY-5	ST-	-	☐ Fall Change ☐ Addition
TITLE	P						
NAME	BENTON, GARY L			2.2 NAME		- 1	H0000 ,
STREET ADDRESS	184 OAK CREEK RD.			2.3 STREE		2 52 DERRHAVEN DR. PONTE VEDRA BCH, FL 32082-0000	
CITY-ST-ZIP	EAST WINDSOR NJ 08520		DELETE -	2.4 CITY-	ST	r-zip i	Change Addition
NAME	<u> </u>					·	
STREET ADDRESS	5 BOWLING GREEN	SCHINEIDER, SOLES 2				ADDRESS	
CITY-ST-ZIP	COLTS NECK NJ 07722					i	
TITLE	S		DELETE	4.1 TITLE	_		SECRETARY Change Addition
NAME	O'HANDLEY, TIMOTHY			4. 2 NAME	Ē	1	JOHN. MEEDHAM
STREET ADDRESS	4 DARBY RD.			4.3 STREE	EΤ	ADDRESS	43 FAIRWOOD ROAD
CITY-ST-ZIP	MARLBORO NJ 07746			4.4 CITY-	ST-	-ZIP	MADISON NJ 07940
TITLE			DELETE	5.1 TITLE)	☐ Change ☐ Addition
NAME				5.2 NAME			
STREET ADDRESS	i			5.3 STREE		l	
CITY-ST-ZIP			□ nc: etc	5.4 CITY- 6.1 TITLE	_	- ∠ P	☐ Change ☐ Addition
TITLE	,		☐ DELETE	6.2 NAME			☐ Change ☐ Addition
-						ADDRESS	
et zie				6.4 CITY-		- 1	

... I 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 angular 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 trusted 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, with all other like empowered.

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	-		_		JR	_