SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 13, 1998 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000004809 (6)

1. Corporation Name
EDWARDS AND KELCEY CONSTRUCTORS, INC.

Principal Place of Business	Mailing Address
299 MADISON AVENUE MORRISTOWN NJ 07962	299 MADISON AVENUE MORRISTOWN NJ 07962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1997

2. Principal Place of Business: 299 Madison Avenue
Suite, Apt. #, etc.: P.O. Box 1936
City & State: Morristown, NJ
Zip: 07962 Country: 25 USA

2a. Mailing Address: 26 299 Madison Avenue
Suite, Apt. #, etc.: 27 P.O. Box 1936
City & State: 28 Morristown, NJ
Zip: 29 07962 Country: 30 USA

4. FEI Number: 22-3514442 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
O'CONNOR, MICHAEL
8406 BENJAMIN ROAD SUITE F
TAMPA FL 33634

10. Name and Address of New Registered Agent
81 Name: CT Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road
83
84 City: Plantation FL 85 Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: MCMAHON, KEVIN J STREET ADDRESS: 299 MADISON AVENUE CITY-ST-ZIP: MORRISTOWN NJ 07962	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VD NAME: TANGEL, RICHARD E STREET ADDRESS: 299 MADISON AVENUE CITY-ST-ZIP: MORRISTOWN NJ 07962	☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: S NAME: REFINSKI, ELIZABETH A STREET ADDRESS: 299 MADISON AVENUE CITY-ST-ZIP: MORRISTOWN NJ 07962	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: T NAME: BARRY, THOMAS STREET ADDRESS: 299 MADISON AVENUE CITY-ST-ZIP: MORRISTOWN NJ 07962	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: C NAME: WISS, RONALD A STREET ADDRESS: 299 MADISON AVENUE CITY-ST-ZIP: MORRISTOWN NJ 07962	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition CS 8-13
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 800002615758 -08/14/98--01005--012 ***1100.00

CR2E034 (5/98)

14. 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 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: SIGNATURE REQUIRED Thomas E. Barry 7/21/98 (973) 267-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #