

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

036448

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90043 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000001874

1. Corporation Name
CRUMP OF NEW JERSEY, INC.

Principal Place of Business
**485 ROUTE 1 SOUTH, PLAZA E
ISELIN NJ 08830**

Mailing Address
**485 ROUTE 1 SOUTH, PLAZA E
ISELIN NJ 08830**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/01/1998

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 7557 Rambler Road

27 Suite, Apt. #, etc.

27 350

28 City & State

28 Dallas, Texas

29 Zip

29 75231

30 Country

30 USA

4. FEI Number
22-3567488

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525
9000 N. 30TH AVE.
APT. 6000
TALLAHASSEE FL 32309**

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICCARELLI, CHARLES J	1.2 NAME	
STREET ADDRESS	485 ROUTE 1 SOUTH, PLAZA E	1.3 STREET ADDRESS	
CITY-ST-ZIP	ISELIN NJ 08830	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, WILLIAM	2.2 NAME	
STREET ADDRESS	485 ROUTE 1 SOUTH, PLAZA E	2.3 STREET ADDRESS	
CITY-ST-ZIP	ISELIN NJ 08830	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, KAY	3.2 NAME	
STREET ADDRESS	7557 RAMBLER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75231	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, PATRICK R	4.2 NAME	
STREET ADDRESS	7557 RAMBLER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75231	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ORVILLE D	5.2 NAME	
STREET ADDRESS	7557 RAMBLER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75231	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, MARCUS	6.2 NAME	
STREET ADDRESS	7557 RAMBLER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75231	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Kay Manning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/99

214-265-2660

Date

Daytime Phone #

CR2E034 (1/98)