

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

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FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90165 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000002795

1. Corporation Name
PLYMOUTH SPV 1 INC.



Principal Place of Business 1120 ROUTE 22 EAST BRIDGEWATER NJ 08807	Mailing Address 1120 ROUTE 22 EAST BRIDGEWATER NJ 08807
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 35 Airport Road Suite, Apt. #, etc. 22 Suite 150 City & State 23 Morristown, NJ Zip 24 07960	2a. Mailing Address 26 35 Airport Road Suite, Apt. #, etc. 27 Suite 150 City & State 28 Morristown, NJ Zip 29 07960	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 05/15/1998	4. FEI Number 22-3570856	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

NFAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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 far... and accept the... Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature Printed name of agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	MACIOS, FRANK T
STREET ADDRESS	1120 ROUTE 22 EAST
CITY-ST-ZIP	BRIDGEWATER NJ 08807
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	FERRUCCI, MARK A
STREET ADDRESS	1120 ROUTE 22 EAST
CITY-ST-ZIP	BRIDGEWATER NJ 08807
TITLE	<input type="checkbox"/> DELETE
NAME	BADASZEWSKI, DOUGLAS
STREET ADDRESS	1120 ROUTE 22 EAST
CITY-ST-ZIP	BRIDGEWATER NJ 08807
TITLE	<input type="checkbox"/> DELETE
NAME	PURCELL, JIM
STREET ADDRESS	1120 ROUTE 22 EAST
CITY-ST-ZIP	BRIDGEWATER NJ 08807
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Macios, Frank T	
1.3 STREET ADDRESS	35 Airport Road, Suite 150	
1.4 CITY-ST-ZIP	Morristown NJ 07960	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Badaszewski, Douglas	
2.3 STREET ADDRESS	35 Airport Road, Suite 150	
2.4 CITY-ST-ZIP	Morristown NJ 07960	
3.1 TITLE	Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Purcell, Jim	
3.3 STREET ADDRESS	35 Airport Road, Suite 150	
3.4 CITY-ST-ZIP	Morristown NJ 07960	
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Greene, Lawrence	
4.3 STREET ADDRESS	825 South US Highway One, Suite 260	
4.4 CITY-ST-ZIP	Jupiter, Florida 33477	
5.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Greene, Jeffery	
5.3 STREET ADDRESS	825 South US Highway One, Suite 260	
5.4 CITY-ST-ZIP	Jupiter, Florida 33477	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Jim Purcell* Date: 4/19/99 Daytime Phone #: 973-267-9775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)