


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90061 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000002796

1. Corporation Name
PNEUMO ABEX CORPORATION

Principal Place of Business THIRD ST. & JEFFERSON AVE. CAMDEN NJ 08104	Mailing Address THIRD ST. & JEFFERSON AVE. CAMDEN NJ 08104
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/14/1998	
4. FEI Number 06-1238996		Applied For 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		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input 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	DCEO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Steven Fusman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLZ, THEO W	1.2 NAME	625 madison Ave Director
STREET ADDRESS	5900 N. ANDREWS AVE.	1.3 STREET ADDRESS	New York NY 10021
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	
TITLE	DCEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUB, STEPHEN G	2.2 NAME	
STREET ADDRESS	THIRD ST. & JEFFERSON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAMDEN NJ 08104	2.4 CITY-ST-ZIP	
TITLE	VTS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE, PETER W	3.2 NAME	
STREET ADDRESS	THIRD ST. & JEFFERSON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAMDEN NJ 08104	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VORA, PRAMATHESH S	4.2 NAME	
STREET ADDRESS	THIRD ST. & JEFFERSON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAMDEN NJ 08104	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLISON, LEE	5.2 NAME	
STREET ADDRESS	THIRD ST. & JEFFERSON AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAMDEN NJ 08104	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORGOL, LEON	6.2 NAME	
STREET ADDRESS	THIRD ST. & JEFFERSON AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAMDEN NJ 08104	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:

SIGNATURE REQUIRED

4/28/99

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)