

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90060 031 ***150.00

DOCUMENT # F98000004030

1. Corporation Name
CAPRIUS, INC.

Principal Place of Business
**TWO EXECUTIVE DRIVE, STE 755
FORT LEE NJ 07024-3308**

Mailing Address
**TWO EXECUTIVE DRIVE, STE 755
FORT LEE NJ 07024-3308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1998

4. FEI Number

22-2457487

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

2. Principal Place of Business

21 **46 JONSPIN RD.**

Suite, Apt. #, etc.

22 City & State

23 **WILMINGTON MA**

Zip Country

24 **01887** 25 **USA**

2a. Mailing Address

26 **46 JONSPIN RD.**

Suite, Apt. #, etc.

27 City & State

28 **WILMINGTON MA**

Zip Country

29 **01887** 30 **USA**

9. Name and Address of Current Registered Agent

**FLYNN, SUSAN M
4300 N. UNIVERSITY DR., STE E-200
LAUDERHILL FL 33351**

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

TITLE **PD** ☐ DELETE
NAME **LEVY, ENRIQUE**
STREET ADDRESS **436 CAPE MAY**
CITY-ST-ZIP **ENGLEWOOD NJ**

TITLE **V** ☒ DELETE
NAME **MASTRONARDI, RICHARD**
STREET ADDRESS **46 JONSPIN ROAD**
CITY-ST-ZIP **WILMINGTON MA**

TITLE **CTD** ☐ DELETE
NAME **NELSON, JACK**
STREET ADDRESS **281 E. LINDEN AVE**
CITY-ST-ZIP **ENGLEWOOD NJ**

TITLE **VD** ☐ DELETE
NAME **SPIRA, ROBERT**
STREET ADDRESS **90 BRAYTON ST**
CITY-ST-ZIP **ENGLEWOOD NJ**

TITLE **D** ☐ DELETE
NAME **WIENER, BERNARD**
STREET ADDRESS **1180 MORRIS PARK AVE**
CITY-ST-ZIP **BRONX NY**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CFO** ☐ Change ☒ Addition
1.2 NAME **STEVEN J. JAMES**
1.3 STREET ADDRESS **46 JONSPIN RD**
1.4 CITY-ST-ZIP **WILMINGTON MA 01887**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

STEVEN J. JAMES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)