

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J01118** (5)

1. Corporation Name

MIDLANTIC FINANCIAL SERVICES CORP.

Principal Place of Business

1001 BELVEDERE ROAD
SUITE 110, EAST TOWER
WEST PALM BEACH FL 33406

Mailing Address

1001 BELVEDERE ROAD
SUITE 110, EAST TOWER
WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/26/1986** 3a. Date of Last Report **05/01/1994**

4. FEI Number **22-2699197** 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**

6. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 State, Apt. #, etc

23 City & State

24 Zip

2a. Mailing Address

26 **c/o Midlantic Corporation**

27 State, Apt. #, etc

27 **499 Thornall Street**

28 City & State

28 **Edison, NJ**

29 Zip

29 **08837**

30 Country

30 **USA**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

B5

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)

(Signature) (Typed or printed name of registered agent and title if applicable)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VT
NAME	CHAMBERS, KEVIN
STREET ADDRESS	499 THORNALL ST
CITY - ST - ZIP	EDISON NJ
TITLE	PDC
NAME	SMULEC, ANDREW P
STREET ADDRESS	499 THORNALL ST.
CITY - ST - ZIP	EDISON NJ
TITLE	AS
NAME	KAREN H. KELLER
STREET ADDRESS	499 THORNALL ST.
CITY - ST - ZIP	EDISON NJ
TITLE	VS
NAME	SPERGER, JOHN
STREET ADDRESS	499 THORNALL ST
CITY - ST - ZIP	EDISON NJ
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/EV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John T. Keller
1.3 STREET ADDRESS	499 Thornall Street
1.4 CITY - ST - ZIP	Edison, NJ 08837
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William A. Wagner
2.3 STREET ADDRESS	499 Thornall Street
2.4 CITY - ST - ZIP	Edison, NJ 08837
3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thomas P. MacManus
3.3 STREET ADDRESS	499 Thornall Street
3.4 CITY - ST - ZIP	Edison, NJ 08837
4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joseph V. Reaph, Jr.
4.3 STREET ADDRESS	499 Thornall Street
4.4 CITY - ST - ZIP	Edison, NJ 08837
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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 in an attachment with an address.

SIGNATURE: *John M. Sperger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John M. Sperger

3/29/95 (908) 321-2793
DATE