

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # J81722 (7)
1. Corporation Name
DEERFIELD BEACH, FL., L.T., INC.

95 APR -5 PM 1:55

Principal Place of Business Mailing Address
**6 BRIGHTON RD.
P.O. BOX 5108
CLIFTON NJ 07015**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/09/1987** 3a. Date of Last Report **03/18/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **22-2857656** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 restoring) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	AXELROD, NORMAN
STREET ADDRESS	6 BRIGHTON ROAD
CITY - ST - ZIP	CLIFTON NJ
TITLE	V
NAME	GILES, WILLIAM
STREET ADDRESS	6 BRIGHTON ROAD
CITY - ST - ZIP	CLIFTON NJ
TITLE	D
NAME	RICHARDS, ARTHUR V.
STREET ADDRESS	ONE THEALL RD.
CITY - ST - ZIP	RYE NY
TITLE	D
NAME	SHAHID, QURAESHI
STREET ADDRESS	ONE THEALL RD.
CITY - ST - ZIP	RYE NY
TITLE	S
NAME	DICK, DAVID
STREET ADDRESS	6 BRIGHTON RD.
CITY - ST - ZIP	CLIFTON NJ
TITLE	D
NAME	BRENNAN, MICHAEL
STREET ADDRESS	ONE THEALL RD.
CITY - ST - ZIP	RYE NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
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)(j), Florida Statute. 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.

SIGNATURE: David Dick **DAVID DICK** 3-29-95 201-728-1300
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (Telephone #)