CORPORATION ANNUAL REPORT 1995

FLORIDA Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS, TALLAHASSEE, FLORIDA
95 APR 24 PM 1:41

DOCUMENT # L22375 (4)

1. Corporation Name
THE FOUNTAINS L.T., INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/12/1989
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 22-3014148 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, Typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	DICK, DAVID	12 NAME	
STREET ADDRESS	6 BRIGHTON ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON NJ	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	GILES, WILLIAM	22 NAME	
STREET ADDRESS	SIX BRIGHTON ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON NJ	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	AXELROD, NORMAN	32 NAME	
STREET ADDRESS	6 BRIGHTON ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON NJ	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	RICHARDS, ARTHUR V.	42 NAME	
STREET ADDRESS	ONE THEALL ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	RYE NY	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	QURAESHI, SHAHID	52 NAME	
STREET ADDRESS	ONE THEALL ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	RYE NY	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BRENNAN, MICHAEL	62 NAME	
STREET ADDRESS	ONE THEALL ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	RYE NY	64 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 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.

SIGNATURE: David Dick DAVID DICK 3-29-95 201-778-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000486 CP