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May 08 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L22375

(4)

1. Corporation Name
THE FOUNTAINS L.T., INC.Principal Place of Business
6 BRIGHTON RD.
P.O. BOX 5108
CLIFTON FL 07015Mailing Address
6 BRIGHTON RD.
P.O. BOX 5108
CLIFTON FL 07015-51083. Date Incorporated or Qualified
10/12/19893a. Date of Last Report
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DICK, DAVID
6 BRIGHTON ROAD
CLIFTON NJ
VPD1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Change Addition2
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
GILES, WILLIAM
SIX BRIGHTON ROAD
CLIFTON NJ
PD2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change Addition3
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AXELROD, NORMAN
6 BRIGHTON ROAD
CLIFTON NJ3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change Addition4
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
RICHARDS, ARTHUR V.
ONE THEALL ROAD
RYE NY4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition5
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition6
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change AdditionDIR:
JIM TOMASZEWSKI
6 BRIGHTON RD
CLIFTON NJ 07015

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97

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CR2E034 (9/96)