


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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P03849 (7)		
1. Corporation Name AMERICAN BELL INC.		



Principal Place of Business 412 MT. KEMBLE AVENUE ROOM S-287 MORRISTOWN NJ 07960 US	Mailing Address 412 MT. KEMBLE AVENUE ROOM S-287 MORRISTOWN NJ 07960-6654 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Sube, Apt. #, etc. Room S-287	Sube, Apt. #, etc. Room S-287
City & State 22	City & State 27
Zip 23	Zip 28
Country 24	Country 29

3. Date Incorporated or Qualified 10/26/1984	3a. Date of Last Report 04/26/1996
4. FEI Number 13-3213999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM 1201 HAYES ST. STE. #105 TALLAHASSEE FL 32301	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE SEE ATTACHED LIST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCLINTOCK, KEITH E		1.2 NAME	
STREET ADDRESS 295 N. MAPLE AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP BASKING RIDGE NJ 07920		1.4 CITY-ST-ZIP	
TITLE VAS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUAH, ANTOINETE A		2.2 NAME	
STREET ADDRESS 412 MT KEMBLE AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP MORRISTOWN NJ 07960		2.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TUTNAUER, JEFF		3.2 NAME	
STREET ADDRESS 412 MT KEMBLE AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP MORRISTOWN NJ 07960		3.4 CITY-ST-ZIP	
TITLE VS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUZUKI, PETER M		4.2 NAME	
STREET ADDRESS 131 MORRISTOWN RD. ROOM A2040		4.3 STREET ADDRESS	
CITY-ST-ZIP BASKING RIDGE NJ 07920		4.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOKENSON, JOHN H		5.2 NAME	
STREET ADDRESS 131 MORRISTOWN RD. ROOM A2024		5.3 STREET ADDRESS	
CITY-ST-ZIP BASKING RIDGE NJ 07920		5.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAYNES, ROBERT A		6.2 NAME	
STREET ADDRESS 131 MORRISTOWN RD. ROOM A2008		6.3 STREET ADDRESS	
CITY-ST-ZIP BASKING RIDGE NJ 37920		6.4 CITY-ST-ZIP	

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: Clara McHale **4/21/97** **201-644-1224**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
0003315

CR2E034 (9/96)

AMERICAN BELL, INC.

Election Date 6/17/96 FEIN 13-3213999

ELECTED CORPORATION OFFICERS AND DIRECTORS

TITLE / NAME

BUSINESS ADDRESS

President Keith E. McClintock	295 North Maple Avenue Basking Ridge, NJ 07920
Vice President and Assistant Secretary Antoinette A. Duah	412 Mt. Kemble Avenue Room S287 Morristown, NJ 07960
Vice President and Assistant Secretary Jeff Tutnauer	412 Mt. Kemble Avenue Room G115 Morristown, NJ 07960
Vice-President H. John Hokenson	131 Morristown Road Room A2024 Basking Ridge, NJ 07920
Vice-President Robert A. Maynes	131 Morristown Road Room A2008 Basking Ridge, NJ 07920

Director H. John Hokenson	131 Morristown Road Room A2024 Basking Ridge, NJ 07920
Director Robert A. Maynes	131 Morristown Road Room A2008 Basking Ridge, NJ 07920