

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P07414** (6)

Corporation Name
GRAHAM DECO CORP.



Principal Place of Business: % ROBERT C. LAPIN, 166 MILLBROOK CIRCLE, NORWOOD NJ 07648
Mailing Address: % ROBERT C. LAPIN, 166 MILLBROOK CIRCLE, NORWOOD NJ 07648

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	09/13/1985		02/01/1995
4.	FBI Number		Applied For
	22-2576064		Not Applicable
5.	Certificate of Status Desired		\$8.75 Additional Fee Required
	<input type="checkbox"/>		
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
	<input type="checkbox"/>		
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		10. Name and Address of New Registered Agent	
WOLFE, LARRY 200 - A JOHN KNOX ROAD TALLAHASSEE FL 32301		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
			FL

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPIN, ROBERT C	1.2	NAME
STREET ADDRESS	166 MILLBROOK CIRCLE	1.3	STREET ADDRESS
CITY - ST - ZIP	NORWOOD NJ	1.4	CITY - ST - ZIP
TITLE	SD	2.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPIN, HELENE	2.2	NAME
STREET ADDRESS	166 MILLBROOK CIRCLE	2.3	STREET ADDRESS
CITY - ST - ZIP	NORWOOD NJ	2.4	CITY - ST - ZIP
TITLE	TD	3.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINSBURG, ERIC	3.2	NAME
STREET ADDRESS	597 COLONIAL DR	3.3	STREET ADDRESS
CITY - ST - ZIP	RIVER VALE NJ	3.4	CITY - ST - ZIP
TITLE	ASD	4.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTSCHER, STANLEY	4.2	NAME
STREET ADDRESS	110 WINDHAM RD	4.3	STREET ADDRESS
CITY - ST - ZIP	HILLSDALE NJ	4.4	CITY - ST - ZIP
TITLE		5.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	NAME
STREET ADDRESS		5.3	STREET ADDRESS
CITY - ST - ZIP		5.4	CITY - ST - ZIP
TITLE		6.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	NAME
STREET ADDRESS		6.3	STREET ADDRESS
CITY - ST - ZIP		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 119.07(3)(k), 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: *Robert C. Lapin* ROBERT C. LAPIN Date: 1/23/96 201-664-2200 Daytime Phone #

CR2E034 (12/95)