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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

May 19 1997 8:00am

l	1997		Secretary of State DIVISION OF CORPORATIONS		Secretary of State			
L	MENT # P RK 1 FINANCIAL	14501 SECURITIES, IN	<b>(1)</b>					
Principal Place of Business			Mailing Address					
TWO BRIDGE AVENUE BLDG. 2 - THE GALLERIA RED BANK NJ 07701-1106 US		BL Re	TWO BRIDGE AVENUE BLDG. 2 - THE GALLERIA RED BANK NJ 07701 US			Date Incorporated or Qualified   3a. Date of Last Report   3a. Da		
••						05/18/1987	04/18/1996	· oport
Principal Place of Business     1			2a. Mailing Address 26			4. FEI Number 74-2454126	A	pplied Fer ot Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	Additional
City & State			27     City & State			Fee Required  6. Election Campaign Financing \$5.00 May Be		
23			28			Trust Fund Contribution Added to Fees		
Zip Country			Zip Country			8. This corporation has liability for	intangible tax under s Yes 🄀 No	s. 1 <del>9</del> 9.032,
24 25 9, Name and Address of Currer			29 30 30 t Registered Agent			Florida Statutes  10. Name and Address of New Re		
HUN	IT, RICHARD W.	······································		81	Name	······································		
₹ 159 N.W. 70TH ST. #614 BOCA RATON FL 33487					82 Street Address (P.O. Box Number is Not Acceptable)		ble)	<del></del>
		•		83				
,				84	City	THE PART OF THE PA	<b>85</b> Zip	Code
11. Pursuant office or r	to the provisions of Se egistered agent, or bo	ections 607.0502 and 6 oth, in the State of Flori	07.1508, Florida Statu da. Such chango was	tes, the above authorized by	narned cor the corpora	poration submits this statement for the ation's board of directors. I hereby acce	purpose of changing in the appointment as	its registered registered
SIGNATURE								-
12.		me of registered agent and title OFFICERS AND DIREC		If: Registered Ager	at signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTOR	RS IN 12
TITLE	PD			LI TILLE		7,00111011010101010101010101010101010101	☐ Change	Addition
NAME	HUNT, WILLIAM			1.2 NAME				
STREET ADDRESS	IT BARTO WAY ROBBINSVILLE NJ			I.3 STHEFT	1			
CITY-ST-ZIP TITLE	PCEO	J	DELETE	1.4 CHY-ST 2.1 HILF	-716		Change	Addition
NAME	HUNT, RICHARD W.		<u></u>	2.2 NAME			□ cuargo	C Vacation
STREET ADDRESS	159 NW 70TH ST			₽3 STREET	ADDRESS			
CITY-ST-ZIP BOCA RATON FL			The second second		1 - ZIP			
TITLE	[] Detell		[] DELETE	\$.1 TITLE			∟_ Change	Addition
NAME STREET ADDRESS			8.2 NAME 8.3 STREET	ADDRESS				
CITY-ST-ZIP				8.4. CITY - S				
TITLE	☐ DELETE			A.1 TITLE			☐ Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET				
CITY-ST-ZIP TITLE	<u> </u>		DELETE	\$.1 TITLE	- ZIP		Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				\$.3 STREET	ADORESS			
CITY-ST-ZIP				\$.4 C(1) Y - ST - ZIP				
TITLE			L_ DELETE	6.1 TO LE			Change	Addition
NAME OTREET ADDRESS				6.2 NAME	V D U DE C C			
STREET ADDRESS   CITY-ST-ZIP		/		6.3 STREET /				
14. I do hereb	by certily that the infor	mation supplied with th	s filing does not qual	ify for the exer	nption state	d in Section 119.07(3)(i), Florida Statuto	s. I further certify that	the
Informatio	n indicated on his an flicer or director of the	nial report or supplem corporation or the re-	ental apout report is thistee empoy	true and accur	rate and tha ute this repo	d in Section 119.07(3)(i), Florida Statuto It my signature shall have the same leg rt as required by Chapter 607, Florida (	al effect as if made un Statutes; and that my r	ider oath; that name