

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90011 046 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P18297

1. Corporation Name

NAVERAS, INC.

Principal Place of Business

**212 FERNWOOD AVE
EDISON NJ 08837**

US

Mailing Address

**P.O. BOX 29296
PHOENIX AZ 85038-2929**

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1988

4. FEI Number

22-2817767

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 owes the current year
Intangible Personal Property.

☐

Yes

☐ No

2. Principal Place of Business

212 FERNWOOD AVENUE

Suite, Apt. #, etc.

City & State

EDISON, NJ

Zip

08837

Country

USA

2a. Mailing Address

PO Box 8069

Suite, Apt. #, etc.

City & State

PHILADELPHIA, PA

Zip

19101

Country

USA

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☒ DELETE

NAME KATIMS, RONALD
STREET ADDRESS 212 FERNWOOD AVENUE
CITY-ST-ZIP EDISON NJ

TITLE D ☒ DELETE

NAME KATIMS, RONALD
STREET ADDRESS 212 FERNWOOD AVENUE
CITY-ST-ZIP EDISON NJ

TITLE EVP ☒ DELETE

NAME WITTIG, PAUL
STREET ADDRESS 212 FERNWOOD AVENUE
CITY-ST-ZIP EDISON NJ

TITLE SVP ☐ DELETE

NAME ESCUDERO, MARIO F
STREET ADDRESS 212 FERNWOOD AVE
CITY-ST-ZIP EDISON NJ 08818

TITLE D ☒ DELETE

NAME O'DONNELL, EDWARD
STREET ADDRESS 212 FERNWOOD AVENUE
CITY-ST-ZIP EDISON NJ

TITLE VP ☒ DELETE

NAME CAWTHON, EDWARD
STREET ADDRESS 212 FERNWOOD AVE
CITY-ST-ZIP EDISON NJ 08818

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME Thomas J. Holt, Jr.
1.3 STREET ADDRESS 212 Fernwood Avenue
1.4 CITY-ST-ZIP Edison, NJ 08837

2.1 TITLE DIRECTOR ☒ Change ☐ Addition

2.2 NAME Thomas J. Holt, Jr.
2.3 STREET ADDRESS 212 Fernwood Avenue
2.4 CITY-ST-ZIP Edison, NJ 08837

3.1 TITLE Executive Vice President ☒ Change ☐ Addition

3.2 NAME Lorraine Robins
3.3 STREET ADDRESS 101 S. King Street
3.4 CITY-ST-ZIP Gloucester City, NJ 08030

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0120889