FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 22 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P21576 (4)

1. Corporation Name
CREDITEK CORPORATION

Principal Place of Business	Mailing Address
1099 WALL STREET WEST LYNDHURST NJ 07071	1099 WALL STREET WEST LYNDHURST NJ 07071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1988
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21 7 Entin Road
Suite, Apt. #, etc. 22
City & State 23 Parsippany, NJ
Zip 24 07054 Country 25 USA

2a. Mailing Address
26 7 Entin Road
Suite, Apt. #, etc. 27
City & State 28 Parsippany, NJ
Zip 29 07054 Country 30 USA

4. FEI Number: 22-2367679 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FERNANDEZ, CARMEN
12902 SW 133 COURT
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 9050 Pines Blvd
83 Suite 345
84 City Pembroke Pines FL 85 Zip Code 33024

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (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	☒ Change ☐ Addition	
NAME	METZGER, JOHN	1.2 NAME		
STREET ADDRESS	1099 WALL ST. WEST	1.3 STREET ADDRESS	7 Entin Road	
CITY-ST-ZIP	LYNDHURST NJ	1.4 CITY-ST-ZIP	Parsippany, NJ 07054	
TITLE	V	2.1 TITLE	☒ Change ☐ Addition	
NAME	PASCARELLO, JUDITH A.	2.2 NAME		
STREET ADDRESS	1099 WALL ST. WEST	2.3 STREET ADDRESS	7 Entin Road	
CITY-ST-ZIP	LYNDHURST NJ	2.4 CITY-ST-ZIP	Parsippany, NJ 07054	
TITLE	STD	3.1 TITLE	☒ Change ☐ Addition	
NAME	METZGER, PEG	3.2 NAME		
STREET ADDRESS	1099 WALL ST. WEST	3.3 STREET ADDRESS	7 Entin Road	
CITY-ST-ZIP	LYNDHURST NJ	3.4 CITY-ST-ZIP	Parsippany, NJ 07054	
TITLE		4.1 TITLE	☐ Change ☐ Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change ☐ 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)(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: _____ 201-952-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000615 CP