


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

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90220 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P26337

1. Corporation Name
ALCOLAC, INC.

Principal Place of Business 231 BLACK HORSE LANE MONMOUTH JUNCTION NJ 08852 US	Mailing Address CN 5266 ATTN: LEGAL PRINCETON NJ 08543-5266 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

3. Date Incorporated or Qualified 10/05/1989	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 52-0586661	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ 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	S <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IATESTA, JOHN M	1.2 NAME	PAUL O'HEA
STREET ADDRESS	231 BLACK HORSE LN	1.3 STREET ADDRESS	259 PROSPECT PLAINS RD.
CITY-ST-ZIP	MONMOUTH JCT. NJ	1.4 CITY-ST-ZIP	CRANBURY, NJ 08512
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRES AND TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORTE, PHIL	2.2 NAME	KEVIN LOBO
STREET ADDRESS	CN 7500, PROSPECT PLAINS RD	2.3 STREET ADDRESS	259 PROSPECT PLAINS RD.
CITY-ST-ZIP	CRANBURY NJ	2.4 CITY-ST-ZIP	CRANBURY NJ 08512
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VUKOV, RASTKO	3.2 NAME	JOHN M. IATESTA
STREET ADDRESS	CN 7500, PROSPECT PLAINS RD	3.3 STREET ADDRESS	259 PROSPECT PLAINS RD.
CITY-ST-ZIP	CRANBURY NJ	3.4 CITY-ST-ZIP	CRANBURY, NJ 08512
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	SAVIANO, ANTHONY	4.2 NAME	
STREET ADDRESS	231 BLACK HORSE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONMOUTH JUNCTION NJ	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	JONGENARD, CHARLES	5.2 NAME	
STREET ADDRESS	PROSPECT PALINS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRANBURY NJ 08512	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *John M. Iatesta* SIGNATURES REQUIRED: *John M. Iatesta April 16, 1999 (609) 860-4375*

CR2E034 (1/198)