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3/23/95

B-2522-C

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 23 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P28479

(4)

1. Corporation Name

POMERANTZ PAYROLL SYSTEMS, INC.

Principal Place of Business

Mailing Address

1375 PLAINFIELD AVE.
WATCHUNG NJ 07060

1375 PLAINFIELD AVE.
WATCHUNG NJ 07060

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/13/1990

3a. Date of Last Report

06/01/1994

4. FEI Number

22-2997375

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

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD

NAME

POMERANTZ, GARY

STREET ADDRESS

1375 PLAINFIELD AVE

CITY-ST-ZIP

WATCHUNG NJ

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

S

NAME

KELLY, JAMIE

STREET ADDRESS

1375 PLAINFIELD AVE

CITY-ST-ZIP

WATCHUNG NJ

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

D

NAME

POMERANTZ, GARY

STREET ADDRESS

55 JARED COURT

CITY-ST-ZIP

WATCHUNG NJ

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

COB

NAME

POMERANTZ, GARY

STREET ADDRESS

1375 PLAINFIELD AVE

CITY-ST-ZIP

WATCHUNG NJ

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

[Signature]

GARY POMERANTZ

3/20/95

908-757-5300

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #