SECOND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P37802

(6)

Mailing Address

EDWARDS AND KELCEY, INC.

FILED Aug 13, 1998 8:00 am Secretary of State



MADISON AVENUE NJ 07962	299 MADISON AVENUE MORRISTOWN NJ 07962		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified 03/06/1992		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
299 Madison Avenue	26 299 Madison	Avenue	x2₹x162€5 19 22≒1623519	Not Applicable	
Suite, Apt. #, etc. P.O. Box 1936	Suite, Apt. #, etc. 27 P.O. Box 193	6	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State	.	6. Election Campaign Financing	\$5.00 May Be	
Morristown, NJ	28 Morristown, 1	NJ	Trust Fund Contribution Added to Fees	•	
Zip Country 25 USA	Zip	Country USA	8. This corporation owes or has paid the current Personal Property Tax due June 30.	ent year Intangible Yes No	
9. Name and Address of Cui		<u> </u>	10. Name and Address of New Registered Agent		
O'CONNOR, MICHAEL 8406 BENJAMIN ROAD SUITE F TAMPA FL 33634		82 Street Addre	rporation ess (P.O. Box Number is Not Acceptable) S. Pine Island Road	85 Zip Code	
		PLANTA		33324	
11. Pursuant to the provisions of sections 607.0	0502 and 607.1508, Florida Statutes, the	above-named corpor	ration submits this statement for the purpose of cha	anging its registered	

11.

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 70002515757								
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 A				
TITLE	PD	DELETE	1.1 TITLE	V/D	Change Addition			
NAME	MCMAHON, KEVIN J		1.2 NAME	Garrity, Kenneth				
TREET ADDRESS	299 MADISON AVENUE		1.3 STREET ADDRESS	529 Main Street, Suite	203 ′			
CITY-ST-ZIP	MORRISTOWN NJ 07962		1.4 CITY-ST-ZIP	Boston, MA. 02129-1107	7			
TITLE	CD	DELETE	2.1 TITLE	V/D	X Change Addition			
NAME	WISS, RONALD A		2.2 NAME	Grefe, Richard R.				
STREET ADORESS	299 MADISON AVENUE		2.3 STREET ADDRESS	90 West Street Suite 17	700			
CITY-ST-ZIP	MORRISTOWN NJ 07962		2.4 CITY-ST-ZIP	New York, NY 10006-103	39			
TITLE	EVD	DELETE	3.1 TITLE	V/D	X Change Addition			
NAME	GARRITY, KENNETH J		3.2 NAME	Hallahan, Richard M.	/			
STREET ADORESS	529 MAIN STREET, SUITE 203		3.3 STREET ADDRESS	1380 Wilmington Pike				
CITY-ST-ZIP	BOSTON MA 02129-1107		3.4 CITY-ST-ZIP	West Chester, PA. 193	32-8218			
TITLE	ŜVD	DELETE	4.1 TITLE	V/D	X Change Addition			
IAME	GEFE, RICHARD R		4.2 NAME	McLoughlin, Daniel J	,			
STREET ADDRESS	90 WEST STREET SUITE 1700		4.3 STREET ADDRESS	299 Madison Avenue				
CITY-ST-ZIP	NEW YORK NY 10006-1039		4.4 CITY-ST-ZIP	Morristown, NJ 07962				
TITLE	SVD	DELETE	5.1 TITLE	V/D	Change Adattion			
IAME	HALLAHAN, RICHARD M		5.2 NAME	Sands Robert P.	~ √ 3 n			
STREET ADDRESS	1380 WILMINGTON PIKE		5.3 STREET ADDRESS	7401 Metro Boulevard St	11te 430 V/			
CITY-ST-ZIP	WEST CHESTER PA 19382-8218		5.4 CITY-ST-ZIP	Minneapolis, MN 55439	1100 100 011			
TITLE	SVD	DELETE	6.1 TITLE	V/D	X Change Addition			
NAME	MCLOUGHLIN, DANIEL J		6.2 NAME	Tangel, Richard E.	= =			
STREET ADDRESS	299 MADISON AVENUE		6.3 STREET ADDRESS	299 Madison Avenue				
CITY-ST-ZIP	MORRISTOWN NJ 07962		6.4 CITY-ST-ZIP	Morristown NJ 07962				
				THULL LAD LEW MARKET WILL WILL WILL WILL WILL WILL WILL WIL	45 -4 45 - 1-f			

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 the corporation 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:

Other Additions:

Secretary:

Refinski, Elizabeth A. 299 Madison Avenue Morristown, N.J. 07962

Treasurer:

Barry, Thomas E. 299 Madison Avenue Morristown, N.J. 07962

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