

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P39191** (2)

1. Corporation Name

ALABAMA PROPERTIES, INC.



Principal Place of Business

**ONE CHRISTINA CENTRE
301 N. WALNUT ST.
WILMINGTON DE 19809**

Mailing Address

**% STATE TAX DEPT
300 BENEFICIAL CENTER
PEAPACK NJ 07977**

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/04/1992

3a. Date of Last Report

05/01/1995

4. FET Number

51-0011655

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

10. Name and Address of New Registered Agent

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **HALVORSEN, ANDREW C.**
STREET ADDRESS **301 N. WALNUT ST.**
CITY-STATE-ZIP **WILMINGTON DE**

TITLE **VD** ☐ DELETE
NAME **HANCE, CHARLES E.**
STREET ADDRESS **301 N. WALNUT ST.**
CITY-STATE-ZIP **WILMINGTON DE**

TITLE **VD** ☐ DELETE
NAME **KEEGAN, ALLEN J**
STREET ADDRESS **301 N. WALNUT ST.**
CITY-STATE-ZIP **WILMINGTON DE**

TITLE **S** ☐ DELETE
NAME **BROAS, MATTHEW**
STREET ADDRESS **200 BENEFICIAL CENTER**
CITY-STATE-ZIP **PEAPACK NJ 07977**

TITLE **TD** ☒ DELETE
NAME **MCCARDLE, JOHN V**
STREET ADDRESS **301 N. WALNUT ST.**
CITY-STATE-ZIP **WILMINGTON DE**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**SECRETARY
MARY J. MAJEWSKI
200 BENEFICIAL CENTER
PEAPACK, NJ 07977**

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)(k), 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:

Mary J. Majewski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. J. MAJEWSKI, SECRETARY

3/19/96

(908) 781-3381

Date

Daytime Phone #

CR2E034 (12/95)