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FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P40732 (0)

1. Corporation Name
ANNIN & CO., INC.

Principal Place of Business
ONE ANNIN DRIVE
ROSELAND NJ 07068

Mailing Address
ONE ANNIN DRIVE
ROSELAND NJ 07068-1800

3. Date Incorporated or Qualified
09/21/1992

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
22-1614662

Applied For
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23. Zip Country

28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, BRUCE A., ESQ.
1825 S. RIVERVIEW DRIVE
MELBOURNE FL 32901

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, RANDY	1.2 NAME	
STREET ADDRESS	ONE ANNIN DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	ROSELAND NJ	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, LEE	2.2 NAME	
STREET ADDRESS	ONE ANNIN DR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	ROSELAND NJ	2.4 CITY- ST- ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIBO, H.P.	3.2 NAME	
STREET ADDRESS	ONE ANNIN DR.	3.3 STREET ADDRESS	
CITY- ST- ZIP	ROSELAND NJ	3.4 CITY- ST- ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS, J	4.2 NAME	
STREET ADDRESS	ONE ANNIN DR.	4.3 STREET ADDRESS	
CITY- ST- ZIP	ROSELAND NJ	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, T.	5.2 NAME	
STREET ADDRESS	ONE ANNIN DR.	5.3 STREET ADDRESS	
CITY- ST- ZIP	ROSELAND NJ	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, C.	6.2 NAME	
STREET ADDRESS	ONE ANNIN DR.	6.3 STREET ADDRESS	
CITY- ST- ZIP	ROSELAND NJ	6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0002203

CR2E034 (9/96)