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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P93000028196 (2) **DOCUMENT #** 

BOCA/FIDOREO LS, INC.

Principal Place of Business Mailing Address



	PRIZELITY BANCOHPORATION  3. SEERY, 550 BROAD STREETB55015 1 07102	DOROTHY A. SEERY. NEWARK NJ 07102			Date Incorporated or Qualified     04/15/1993	3a. Date of Last Report 04/04/1995
2. Principal Pla	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26	26		58-2049818 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 28		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Ζφ <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Count y	<i>,</i>	8. This corporation has liability for in Florida Statutes Y Yes	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	egistered Agent
1200 S	RPORATION SYSTEM PINE ISLAND RD NTION FL 33324		81 82 83	Street Addres	ss (P.O. Box Number is Not Acceptabl	e)
· <del>-</del> · · · · ·			81	City		FI 85 Zip Code
familiar wit	o the provisions of Sections 607,0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Sections of	ra. Such Change was authoriz on 607.0505, Florida Statutes	red by the cort s.	named corporationation is board	of directors. Thereby accept the appo	oose of changing its registered off intriient as registered agent. I am
12.	OFFICERS AND		13.	ii signiliin te-pasi v	ADDITIONS/CHANGES TO OFFI	· · · <del>- ·</del> · <del>- · · · · · · · · · · · · · · · · · </del>
TITLE	D/AS	DELETE	1.1116		ADDITIONS CIVANGES TO OFFIC	Change Addition
NAME	JERRY, H A		1.2 NAM			
STREET ADDRESS	550 BROAD ST		1.3 S1RE	I ADDRESS		
CITY-ST-ZIP	NEWARK NJ		14 CI'Y 3	\$1 - ZIP		
TITLE	DP	DELETE.	2 1 ToTL			Change Addition
NAME	MURPHY, FRANCIS X		22 NAM			
STREET ADDRESS	550 BROAD ST		23 STRE	1 ADDRESS		
CITY-ST-ZIP	NEWARK NJ		24 CITY 5	ST-Z-P		
TITLE	DVP	☐ DELETE	3 1 Tr*L)			☐ Change ☐ Addition
NAME	SLATER, ROBERT L		3 2 NAM-			
STREET ADDRESS	550 BROAD ST		33 SIRE:	1 ADDRESS		
CITY-ST-ZIP	NEWARK NJ	F3 Dr. Pre	3.4 C+TY 5	ST - ZIP		
TIFLE	T CONDAD I	DELETE	4 1 TaTui			Change Addition
NAME CIRCLI ADORGO	ISOLDI, CONRAD J		4.2 NAM:			
STREET ADDRESS	570 BROAD STREET NEWARK NJ 07102		43 STRE 1			
CITY-ST-ZIP TITLE	S S	DELETE	44 City 5 5-1 Title	ST ZIF		Chaosa C Add's
NAME	BICKET, PATRICIA A		5 2 NAME			Change Addition
STREET ADDRESS	550 BROAD ST, B55015		5 3 STRE 1	LADORCES		
DITY-ST-ZIP	NEWARK NJ		5 3 STRE 1	· I		
TITLE	CTO	DELETE	6 1 1111	21 - ZIF		Change Addition
NAME	BLASS, PAUL J	<u>_</u>	6.2 NAM			- sverige - C regariter
STREET ADDRESS	123 SO BOARD ST		63 STRE 1	r annar sc		
CITY-ST-ZIP	PHILADELPHIA PA		6.3.3.NE 1	· I		
V1 EII	· · · · · · · · · · · · · · · · · · ·		04 (7117)	31 211		

14. I do hereby certify that the information supplied with this filling 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 logal 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 or an attachment with an address.

SIGNATURE: POLICIA A SUCLE SIGNING OFFICER OR DIRECTOR

201-565-1694 Daytime Provide