

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000052326 (4)**

1. Corporation Name
FLM ASSOCIATES INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/26/1993

4. FEI Number
65-0427060

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

Principal Place of Business
**1971 HERITAGE DR.
PORT ST. LUCIE FL 34952
US**

Mailing Address
**6971 HERITAGE DR.
PORT ST. LUCIE FL 34952
US**

2. Principal Place of Business
21 6971 HERITAGE DR

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State
23

27 City & State
28

24 Zip
25 Country

27 Zip
28 Country

24 Zip
25 Country

27 Zip
28 Country

9. Name and Address of Current Registered Agent

**LECONTE, RUTH
2697 CALUSA ST.
PORT ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent

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

TITLE **D** ☐ DELETE
NAME **MONGNO, VINCENT**
STREET ADDRESS **542 PROSPECT ST.**
CITY - ST - ZIP **WESTFIELD NJ**

TITLE **D** ☐ DELETE
NAME **MONGNO, EUGENE**
STREET ADDRESS **1111 WYCHWOOD RD.**
CITY - ST - ZIP **WESTFIELD NJ**

TITLE **P** ☐ DELETE
NAME **MONGNO, PATRICK**
STREET ADDRESS **C/O 2193 HEATHWOOD CR.**
CITY - ST - ZIP **PORT ST. LUCIE FL 34952**

TITLE **V** ☐ DELETE
NAME **FERRARO, JOHN**
STREET ADDRESS **C/O 2193 HEATHWOOD CR.**
CITY - ST - ZIP **PORT ST. LUCIE FL 34952**

TITLE **ST** ☐ DELETE
NAME **LECONTE, RUTH**
STREET ADDRESS **C/O 2193 HEATHWOOD CR.**
CITY - ST - ZIP **PORT ST. LUCIE FL 34952**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - 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 - ST - ZIP **WESTFIELD, N.J. 07090**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP **WESTFIELD, N.J. 07090**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **RUTH Le CONTE** 1/21/98 561-466-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone # **0488329**

CR2E034 (10/97)