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 # P94000009063 (6)

1. Corporation Name
NJR SALES CO., INC.

Principal Place of Business
150 RODEO DR
BRENTWOOD NY 11717
US

Mailing Address
%WILLIAM D. KRAMER
567 ELKCAM CIRCLE
MARCO ISLAND FL 33937
US

3. Date Incorporated or Qualified: 01/27/1994
3a. Date of Last Report: 02/27/1995

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26 950 N. COLLIER BLVD
Suite, Apt. #, etc.
27 SUITE #301
City & State
28 MARCO ISLAND, FL
Zip 29 33937 | Country 30 USA

4. FEI Number ~~APPLIED FOR~~ 58-2091078 ☐ 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

9. **Name and Address of Current Registered Agent**

KRAMER, WILLIAM D
567 ELKCAM CIR
MARCO ISLAND FL 33937

10. **Name and Address of New Registered Agent**

81 Name NO CHANGE
82 Street Address (P.O. Box Number is Not Acceptable) SUITE #301
83 950 N. COLLIER BLVD
84 City MARCO ISLAND FL 85 Zip Code 33937

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	P	☐ DELETE
NAME	ROBERTS, NORMAN	
STREET ADDRESS	150 RODEO DR	
CITY-ST-ZIP	BRENTWOOD NY 11717	
TITLE	VST	☐ DELETE
NAME	ROBERTS, CAROL	
STREET ADDRESS	150 RODEO DR	
CITY-ST-ZIP	BRENTWOOD NY 11717	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	300001828183	
5.1 TITLE	-05/20/96--01020--001	☐ Change ☐ Addition
5.2 NAME	***208.75	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	5-1-96	
6.3 STREET ADDRESS	JR	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: [signature] Norman Roberts President 4/1/96 516 586-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #