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PROFIT CORPORATION ANNUAL REPORT 1996

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

APPROVED AND FILED
96 AUG 19 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DOCUMENT # P95000057716

1. Corporation Name

CROWN - BESTWAY CORP.

Principal Place of Business: 30 Galesi Drive, Suite 102, Wayne, N.J. 07470

Mailing Address:

3. Date Incorporated or Qualified: 11-27-95

3a. Date of Last Report:

4. FEI Number: 65-0618308 [ ] 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 XX Yes [ ] No

	2. Principal Place of Business		2a. Mailing Address
21	61 SO. PARAMUS ROAD	26	8201 NW 56 STREET
22	Suite, Apt #, etc: BLDG. IV, 3RD FLOOR	27	Suite, Apt #, etc:
23	City & State: PARAMUS, NJ	28	City & State: MIAMI, FL
24	Zip: 07652	29	Zip: 33166
25	Country: USA	30	Country: USA

9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street, Suite 105
Tallahassee, Fl. 32301

10. Name and Address of New Registered Agent

81 Name: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St.
83 Tallahassee, Fl. 32301
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: Deborah D. Skipper, As Agent — *Deborah D. Skipper* — 8-16-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	1.1 TITLE: DIRECTOR/ASS'T V.P. 1.2 NAME: JOHN MATTEI 1.3 STREET ADDRESS: 61 SO. PARAMUS ROAD 1.4 CITY-ST-ZIP: PARAMUS, NJ 07652	XX Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	2.1 TITLE: DIRECTOR/ASS'T TREASURER 2.2 NAME: JOE WOJAK 2.3 STREET ADDRESS: 61 SO. PARAMUS ROAD 2.4 CITY-ST-ZIP: PARAMUS, NJ 07652	XX Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	3.1 TITLE: DIRECTOR/ASS'T V.P. 3.2 NAME: WILLIAM BRANNAN 3.3 STREET ADDRESS: 61 SO. PARAMUS ROAD 3.4 CITY-ST-ZIP: PARAMUS, NJ 07652	X Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	4.1 TITLE: DIRECTOR / CEO 4.2 NAME: PHILIP SNYDER 4.3 STREET ADDRESS: 8201 NW 56 STREET 4.4 CITY-ST-ZIP: MIAMI, FL 33166	X Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	5.1 TITLE: PRESIDENT 5.2 NAME: MARTIN GALINSKY 5.3 STREET ADDRESS: 8201 NW 56 STREET 5.4 CITY-ST-ZIP: MIAMI, FL 33166	X Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	6.1 TITLE: SECRETARY 6.2 NAME: VERONICA MCGRANE 6.3 STREET ADDRESS: 8201 NW 56 STREET 6.4 CITY-ST-ZIP: MIAMI, FL 33166	X Change [ ] Addition

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: *Martin Galinsky* MARTIN GALINSKY — 8-15-96 — 305 591-7650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #