

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90216 011 ***150.00

DOCUMENT # P98000093307

1. Corporation Name

FLORIDA ACQUISITION, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1998

4. FEI Number

58-2433489

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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
NAME AGUERO, CARLOS
STREET ADDRESS 186 NORTH AVENUE EAST
CITY-ST-ZIP CRANFORD NJ 07016

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, D
1.2 NAME Agüero, Carlos,
1.3 STREET ADDRESS 186 North Avenue East
1.4 CITY-ST-ZIP Cranford NJ 07016

☐ Change

☐ Addition

2.1 TITLE VP, D
2.2 NAME Michael J. Drury
2.3 STREET ADDRESS 186 North Avenue East
2.4 CITY-ST-ZIP Cranford, NJ 07016

☐ Change

☒ Addition

3.1 TITLE VP, D
3.2 NAME Eric Finlayson
3.3 STREET ADDRESS 186 North Avenue East
3.4 CITY-ST-ZIP Cranford, NJ 07016

☐ Change

☒ Addition

4.1 TITLE VP
4.2 NAME Jeffrey E. Levine
4.3 STREET ADDRESS 186 North Avenue East
4.4 CITY-ST-ZIP Cranford, NJ 07016

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

908-492-9610

Daytime Phone #

CR2E034 (1/98)