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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S25450** (5)

1. Corporation Name:
CARROLLWOOD COMMONS L.T., INC.

Principal Place of Business
**6 BRIGHTON RD
BOX 5108
CLIFTON NJ 07015**

Mailing Address
**6 BRIGHTON RD
BOX 5108
CLIFTON NJ 07015-5108**



3. Date Incorporated or Qualified **01/16/1991** 3a. Date of Last Report **01/31/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 58-1984524		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
110 N MAGNOLIA ST.
TALLAHASSEE FL 32301**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AXELROD, NORMAN	1.2 NAME	
STREET ADDRESS	6 BRIGHTON RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON NJ	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILES, WILLIAM	2.2 NAME	
STREET ADDRESS	6 BRIGHTON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON, NJ	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK, DAVID	3.2 NAME	
STREET ADDRESS	6 BRIGHTON RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON NJ	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, ARTHUR	4.2 NAME	
STREET ADDRESS	ONE THEALL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DIR. JIM TOMASZEWSKI
STREET ADDRESS		5.3 STREET ADDRESS	6 BRIGHTON RD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CLIFTON NJ 07015
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97

201.778.1300

CR2E034 (9/96)