

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 AM 11:40

DOCUMENT # V09578 (8)

**1. Corporation Name
CURLEW CROSSING, L.T., INC.**

Principal Place of Business

**6 BRIGHTON RD.
P.O. BOX 5108
CLIFTON NJ 07015
US**

Mailing Address

**6 BRIGHTON RD.
P.O. BOX 5108
CLIFTON NJ 07015
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/28/1992 3a. Date of Last Report 05/01/1994

4. FEI Number NOT APPLICABLE 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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYES STREET SUITE 105
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 file # application)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ALEXROD, NORMAN
STREET ADDRESS	SIX BRIGHTON ROAD
CITY - ST - ZIP	CLIFTON NJ
TITLE	VP
NAME	GILES, WILLIAM
STREET ADDRESS	SIX BRIGHTON ROAD
CITY - ST - ZIP	CLIFTON NJ
TITLE	S
NAME	DICK, DAVID
STREET ADDRESS	SIX BRIGHTON ROAD
CITY - ST - ZIP	CLIFTON NJ
TITLE	D
NAME	BRENNAN, MICHAEL
STREET ADDRESS	ONE THEALL ROAD
CITY - ST - ZIP	RYE NY
TITLE	D
NAME	RICHARDS, ARTHUR
STREET ADDRESS	ONE THEALL ROAD
CITY - ST - ZIP	RYE NY
TITLE	D
NAME	QURAESHI, SHAHID
STREET ADDRESS	ONE THEALL ROAD
CITY - ST - ZIP	RYE NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(b), 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]

DAVID DICK

3-29-95

201-778-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR