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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 # V14022

(0)

1. Corporation Name
CORAL SPRINGS L.T., INC.

Principal Place of Business
6 BRIGHTON RD.
P.O. BOX 5108
CLIFTON NJ 07015

Mailing Address
6 BRIGHTON RD.
P.O. BOX 5108
CLIFTON NJ 07015-5108



3. Date Incorporated or Qualified
02/14/1992

3a. Date of Last Report
02/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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

Sign above, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME AXELROD, NORMAN
STREET ADDRESS SIX BRIGHTON ROAD
CITY- ST- ZIP CLIFTON NJ
V

TITLE
NAME GILES, WILLIAM
STREET ADDRESS SIX BRIGHTON ROAD
CITY- ST- ZIP CLIFTON NJ
S

TITLE
NAME DICK, DAVID
STREET ADDRESS SIX BRIGHTON ROAD
CITY- ST- ZIP CLIFTON NJ
D

TITLE
NAME RICHARDS, ARTHUR
STREET ADDRESS ONE THEALL ROAD
CITY- ST- ZIP RYE NY

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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 HUGH SCULLIN
4.3 STREET ADDRESS 6 BRIGHTON RD
4.4 CITY- ST- ZIP CLIFTON NJ 07015

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME JIM TOMASZEWSKI
5.3 STREET ADDRESS 6 BRIGHTON RD
5.4 CITY- ST- ZIP CLIFTON NJ 07015

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)