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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Morthan

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

243440

(5)

FABER, COE & GREGG OF FLORIDA, INC.

Principal Place of Business

Mailing Address

10 ENTERPRISE AVENUE. NORTH SECAUCUS NJ 07094

10 ENTERPRISE AVENUE. NORTH SECALICIES NJ. 07094



Scondood	190 01009		SECAL	ICOS NO U7094	•											
	*****					** **				4/1961	or Qualific	ed [3a. Date		t Report 5/1995	
2. Principal Pla	ce of Busine	ess	F1 -	2a. Mailing Address					4. FEI Number						Applied I	
Suite, Apt. #, etc.			 	26					13-1940139						Not App	licable
22	, etc.		F1	Suite, Apt. #, etc.					Certificate i	of Status	Desired]		75 Addition	
City & State			City & S	State				6. F	Election Ca	ampaion I	Financino	····				
23				28				- (Trust Fund	, ,	,	, E			.00 May i	
Ζip		Country	Zip		Соиг	itry		8. T	This corpor	ration has	s liability t	for inta	ngibie ta		rs 199.032	
24		25	29		30				lorida Stal			Yes [_			
	9. Name	and Address of Curr	ent Registered Ag	gent				10. N	Name and	Addres	s of Nev	w Regi	stered /	gent		
LINME	O STATES	CORPORATION CO	MADANY			81	Name									
	AYES ST	MEANI	VI			Street Addr	dress (P.O	ess (P.O. Box Number is Not Acceptable)								
SUITE																
	HASSEE F				ВЗ											
					[1	B4	City			-			FL	85	Zip Code	
11. Pursuant to	the provision	ons of Sections 607.050	02 and 607.1508, F	lorida Statutes	, the abov		amed corpor	pration sub	bruits this :	statemen	t for the	purnos		ngino i	ts registerer	d office
		ooth, in the State of Flo It the obligations of, Se			d by the co	жас	oration's boar	ard of dire	ectors The	reby acc	opt the a	iboo uli	ment as	registe	red agent. I	am
SIGNATURE																
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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 C7(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 trusted 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 or an artachment with an address.

STANIEN SERCEN

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNATURE

TREAS 4/22/96

(201) 330-1515 Dayrine Phone # CR2E034 (12/95)