

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000005935 (2)**

1. Corporation Name  
**MAFG SERVICES, INC.**



Principal Place of Business: **3000 MIDATLANTIC DRIVE STE 201 MT. LAUREL NJ 08054**  
Mailing Address: **3000 MIDATLANTIC DRIVE STE 201 MT. LAUREL NJ 08054**

3. Date Incorporated or Qualified: **12/29/1993**  
3a. Date of Last Report: **10/03/1995**  
4. FEI Number: **22-2594020**  
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: **844 North Leola Road**  
2a. Mailing Address: **844 North Leola Road**  
21. State, Apt. #, etc.: **Suite 1**  
26. State, Apt. #, etc.: **Suite 1**  
22. City & State: **Moorestown, N.J.**  
27. City & State: **Moorestown, N.J.**  
23. Zip: **08057**  
28. Zip: **08057**  
24. Country:   
25. Country:   
29. Country:   
30. Country:

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANATATION FL 33324**

**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 607.04(2) and 607.1504, 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 607.04(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PC	<input type="checkbox"/> DELETE
NAME	BERINGER, THEODORE A	
STREET ADDRESS	3000 MIDATLANTIC DR., STE 201	
CITY-STATE-ZIP	MT. LAUREL NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TORRETTI, RONALD D	
STREET ADDRESS	3000 MIDATLANTIC DR., STE 201	
CITY-STATE-ZIP	MT. LAUREL NJ	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	LIPSEY, ROBERT S	
STREET ADDRESS	3000 MIDATLANTIC DR., STE 201	
CITY-STATE-ZIP	MT. LAUREL NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	844 North Leola Road, Suite 1
4. CITY-STATE-ZIP	Moorestown, N.J. 08057
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	844 North Leola Road, Suite 1
24. CITY-STATE-ZIP	Moorestown, N.J. 08057
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	844 North Leola Road, Suite 1
34. CITY-STATE-ZIP	Moorestown, N.J. 08057
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-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)(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 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: *Thib A. By*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

(609) 235-3500

CR2E034 (12/95)