FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

			ary of State CORPORATIONS		Secretary of State		
 Corporation 	MENT # G7838 NAMPEDERSEN, INC.	11 (2)			[+0041H 00H 1600 HOUR HAD HAD	iri birii birii airii didii bi	i)i digil kadı
Principal Prace of Business Mailing Address 325 W. Main St. 325 W. Main St. BABYLON NY 11702 BABYLON NY 11702-3432							
					Date incorporated or Qualified 01/10/1984	3a. Date of Last R 06/17/1996	
2. Principal F	Place of Business	2a. Mailing Address 26			4. FEI Number 11-2537074	Ar	oplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	Additional equired
City & Stal	le	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be to Fees
Zip [4]	Country Zip C 25 29 30			ту	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	Name and Address of Currel SENBAUM, W. BRICK	nt Registered Agent		1 Name	10. Name and Address of New Re	gistered Agent	
CIRCLE WEST, WEBSTER BLDG. 2871 EXECUTIVE CENTER, STE. 305 TALLAHASSEE FL 32301				2 Street Add	dress (P.O. Box Number is Not Acceptate	yle)	
•••		e die	i i	4 City		FL 85 Zip	Code
SIGNATURE.	Signature, typed or practico name of registered ag	ent and title if applicable. (NOTE	Hegistered /		ation's board of directors. I hereby acception at the state of the sta	DATE	
12. Tille	P OFFICERS AN	ID DIRECTORS DELETE	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME STREET ADDRESS C-TY-ST-ZIP	GREENMAN, STEVEN B. 325 W. MAIN STREET BABYLON NY 11702		- 6	E ET ADORESS			
THILE	ST	☐ DELETE	2.1 TITL			Change	Addition
name Street address	BUONCORE, MICHAEL J. 325 WEST MAIN STREET		2.2 NAM 2.3 STRI	E ET ADDRESS	1 g		
OTY-ST-ZP ULF	BABYLON NY 11702	DELETE	2 4 CIT	r-ST-ZIP		Change	Additio
HAME STREET ADDRESS			3.2 NAM			S.m., go	
CITY-ST-7IP				r-ST-ZIP			
HTLE NAME		☐ DELETE	4.1 TITL 4.2 NAM	E		Change	Additio
STREET ADDRESS				E1 ADDRESS			
CITY-ST-718* T:TLF NAME		DELETE	4.4 CITY 5.1 TITL 5.2 NAM	·		Change	Addition
SEREET ADDRESS				EET ADORESS			
COLY - S1 - ZIP		DELETE		- ST-ZIP		Change	Addition
THLE NAME			6.1 TITL 6.2 NAM			Change	Addition ()
STHEFT ADDRESS			3	EET ADDRESS			
COLY - ST - ZOF			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

SIGNATURE:

FILED

May 12 1997 8:00am