

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

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P19906 (7)
1. Corporation Name
ELANGY CORPORATION

Principal Place of Business 3 ETHEL ROAD P.O. BOX 3100 EDISON NJ 08818-3100	Mailing Address 3 ETHEL ROAD P.O. BOX 3100 EDISON NJ 08818-3100
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1988	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 22-1694203	Applied For Not Applicable
22 City & State	27	28 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	LITTMAN, LEONARD	1.2 NAME	
STREET ADDRESS	480 HARRISON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK NJ	1.4 CITY-ST-ZIP	
TITLE	SDC	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	LITTMAN, HERBERT	2.2 NAME	
STREET ADDRESS	21 CANTERBURY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WATCHUNG NJ	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	LIPPMAN, LOWELL	3.2 NAME	
STREET ADDRESS	23 BROOKSIDE CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARLBORO NJ	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ROTHLEIN, LEE	4.2 NAME	
STREET ADDRESS	2 FOWLER AVE #111	4.3 STREET ADDRESS	
CITY-ST-ZIP	LYNBROOK NY	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SNEIDER, JOEL	5.2 NAME	
STREET ADDRESS	157 LORING AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PELHAM NY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 _____

CR2E034 (10/97)