

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 # **P38551 (8)**
1. Corporation Name
HR, INC.



Principal Place of Business: **377 DANFORTH AVENUE JERSEY CITY NJ 07305**
Mailing Address: **377 DANFORTH AVENUE JERSEY CITY NJ 07305**

2. Principal Place of Business: 21. State, Apt., etc. 22. City & State 23. Zip Country 24. 25. 26. 27. 28. 29. 30. 2a. Mailing Address: 26. State, Apt., etc. 27. City & State 28. Zip Country 29. 30.

3. Date Incorporated or Qualified: **04/28/1992** 3a. Date of Last Report: **04/21/1995**
4. FET Number: **22-2656292** 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: **THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS 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 607.09(2) and 607.10(8), 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 607.09(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PTD O'DONNELL, ANTHONY	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	377 DANFORTH AVENUE	12. NAME	
CITY-STATE-ZIP	JERSEY CITY NJ	13. STREET ADDRESS	
NAME	VSD SCHOLL, HAROLD	14. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	377 DANFORTH AVENUE	15. NAME	
CITY-STATE-ZIP	JERSEY CITY NJ	16. STREET ADDRESS	
NAME	AS STROH, WILLIAM	17. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	377 DANFORTH AVENUE	18. NAME	
CITY-STATE-ZIP	JERSEY CITY NJ	19. STREET ADDRESS	
NAME		20. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		21. NAME	
CITY-STATE-ZIP		22. STREET ADDRESS	
NAME		23. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		24. NAME	
CITY-STATE-ZIP		25. STREET ADDRESS	
NAME		26. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		27. NAME	
CITY-STATE-ZIP		28. STREET ADDRESS	
NAME		29. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		30. NAME	
CITY-STATE-ZIP		31. STREET ADDRESS	
NAME		32. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		33. NAME	
CITY-STATE-ZIP		34. STREET ADDRESS	
NAME		35. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		36. NAME	
CITY-STATE-ZIP		37. STREET ADDRESS	
NAME		38. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		39. NAME	
CITY-STATE-ZIP		40. STREET ADDRESS	
NAME		41. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42. NAME	
CITY-STATE-ZIP		43. STREET ADDRESS	
NAME		44. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		45. NAME	
CITY-STATE-ZIP		46. STREET ADDRESS	
NAME		47. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		48. NAME	
CITY-STATE-ZIP		49. STREET ADDRESS	
NAME		50. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		51. NAME	
CITY-STATE-ZIP		52. STREET ADDRESS	
NAME		53. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		54. NAME	
CITY-STATE-ZIP		55. STREET ADDRESS	
NAME		56. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		57. NAME	
CITY-STATE-ZIP		58. STREET ADDRESS	
NAME		59. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		60. NAME	
CITY-STATE-ZIP		61. STREET ADDRESS	
NAME		62. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		63. NAME	
CITY-STATE-ZIP		64. STREET ADDRESS	
NAME		65. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		66. NAME	
CITY-STATE-ZIP		67. STREET ADDRESS	
NAME		68. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		69. NAME	
CITY-STATE-ZIP		70. STREET ADDRESS	

14. I hereby certify that the information supplied with this report 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. I am an officer or director of the corporation or the trustee or trustee-employee(s) 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 in an attachment with an address.

SIGNATURE: *William Stroh* William Stroh 2/8/96 201-435-9773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Assistant Secretary

CR2E034 (12/95)