

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 271623 (1)
 1. Corporation Name
PENN BOTTLE COMPANY



Principal Place of Business ROYAL INDUSTRIAL PARK BLDG. J-5 STATE ROAD #869. KM. 1.5. BARRIO PALMAS CATANO PR 00632	Mailing Address ROYAL INDUSTRIAL PARK BLDG. J-5 STATE ROAD #869. KM. 1.5. BARRIO PALMAS CATANO PR 00632
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/05/1964	3a. Date of Last Report 10/13/1995
21. Suite, Apt #, etc	26. Suite, Apt #, etc	4. FEI Number 59-1033670	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLANTON, EDWIN F., ESO 825 THOMASVILLE ROAD TALLAHASSEE FL 32303	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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 _____
Signature type the provisions of the Florida Department of State, the Department of Banking and Finance, or the Department of Banking and Finance, or the Department of Banking and Finance, or the Department of Banking and Finance.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROBINSKY, DANIEL	1.2 NAME	
STREET ADDRESS	7150 LINDBERGH BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOFFLER, ARNOLD	2.2 NAME	
STREET ADDRESS	241 WILTSHIRE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WYNNEWOOD PA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOFFLER, DOROTHY	3.2 NAME	
STREET ADDRESS	241 WILTSHIRE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WYNNEWOOD PA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOFFLER, JERRY	4.2 NAME	
STREET ADDRESS	3708 DARBY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRYN MAWR PA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul M. Silverman* Up Finance Paul M. Silverman 6/24/96 215-365-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)