

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 807740 (6)**  
 1. Corporation Name  
**DREHMANN PAVING AND FLOORING COMPANY**



Principal Place of Business <b>PHILADELPHIA PHILADELPHIA PENNSYLVANIA 19116 US</b>	Mailing Address <b>2101 BYBERRY ROAD PHILADELPHIA PENNSYLVANIA 19116</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/08/1948</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>23-0535750</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY 1201 HAYES STREET STE - 105 TALLAHASSEE FL 32301</b>				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 \_\_\_\_\_ Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VARRA, W F</b>	1.2 NAME	
STREET ADDRESS	<b>12807 MEDFORD RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19154</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLINE, J. J.</b>	2.2 NAME	
STREET ADDRESS	<b>9 WINTHROP DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DARBY PA 19023</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOJCZUK, MARY F</b>	3.2 NAME	<b>resigned 12/11/97</b>
STREET ADDRESS	<b>205 SO OLDS BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRLESS HILLS PA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>EVPO</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FURMAN IV, HORACE S.</b>	4.2 NAME	<b>Add-Treasurer</b>
STREET ADDRESS	<b>574 WHISPERING LAKES BLVD</b>	4.3 STREET ADDRESS	<b>Furman, IV, Horace S.</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	4.4 CITY-ST-ZIP	<b>13 Greenwood Pl.</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: \_\_\_\_\_

**W. F. Varra, Pres.**

**4/6/98**

**215-464-7700**

CR2E034 (10/97)