

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 823322 (3)

1. Corporation Name
FPA CORPORATION



Principal Place of Business: **2507 PHILMONT AVE. HUNTINGDON VALLEY PA 19006**
Mailing Address: **2507 PHILMONT AVE. HUNTINGDON VALLEY PA 19006**

3. Date Incorporated or Qualified: **10/01/1969**
3a. Date of Last Report: **08/17/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 ONE GREENWOOD SQUARE Suite, Apt. #, etc.	26 ONE GREENWOOD SQUARE Suite, Apt. #, etc.	59-0874323	Not Applicable
22 SUITE 101, 3333 STREET ROAD City & State	27 SUITE 101, 3333 STREET ROAD City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 BENSALEM, PA Zip	28 BENSALEM, PA Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 19020	25 USA	29 19020	30 USA
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FINEBERG, LIBO B. 3500 GATEWAY DR. SUITE 201 POMPANO BEACH FL 33069				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *N/A* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORLEANS, JEFFREY P.	1.2 NAME	
STREET ADDRESS	2507 PHILMONT AVE	1.3 STREET ADDRESS	ONE GREENWOOD SQUARE, SUITE 101, 3333 STREET RD
CITY-ST-ZIP	HUNTINGDON VALLEY PA 19006	1.4 CITY-ST-ZIP	BENSALEM, PA 19090
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANGELO, JOSEPH A.	2.2 NAME	
STREET ADDRESS	2507 PHILMONT AVE	2.3 STREET ADDRESS	[SAME AS ABOVE]
CITY-ST-ZIP	HUNTINGDON VALLEY PA 19006	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, BENJAMIN D.	3.2 NAME	
STREET ADDRESS	2507 PHILMONT AVE	3.3 STREET ADDRESS	[SAME AS ABOVE]
CITY-ST-ZIP	HUNTINGDON VALLEY PA 19006	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, LEWIS	4.2 NAME	
STREET ADDRESS	2507 PHILMONT AVE	4.3 STREET ADDRESS	[SAME AS ABOVE]
CITY-ST-ZIP	HUNTINGDON VALLEY PA	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANASTASI, JOSEPH	5.2 NAME	
STREET ADDRESS	2507 PHILMONT AVE	5.3 STREET ADDRESS	EXECUTIVE VP GARY SCHAAL
CITY-ST-ZIP	HUNTINGDON VALLEY PA	5.4 CITY-ST-ZIP	[SAME AS ABOVE]
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	EXECUTIVE VP MICHAEL T. VESEY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	[SAME AS ABOVE]

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: Daytime Phone #

CR2E034 (12/95)