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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 823322

1. Corporation Name

(3)

FPA CORPORATION

Principal Place of Busines

Mailing Address

FILED May 01 1996 8:00 am Secretary of State

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2507 PHILMOI HUNTINGDON	NT AVE. I VALLEY PA 19006	2507 PHILMONT AVE. HUNTINGDON VALLEY	PA 19006						
					 Date Incorporated or Qua 10/01/1969 	alified	3a. Date 06	of Last F 17/19	•
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number				Applied For
TONE GRE	ENWOOD SPUARE	26 ONE GREENWOOD	COLARS	-	59-0874323			+	Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.	<u> </u>					\$8.7	5 Additional
2 5017F 131	, 3333 STREET RUAD	27 SUITE 101, 333	2 STREET	ROAL	5. Certificate of Status Desir	rea			Required
City & State	1 - STERT TONIO	City & State	3 - 3 (1	122112	6. Election Campaign Finance	cina		\$5.0	May Be
BENSA	iem. PA	28 BENSALEM,	PA		Trust Fund Contribution				d to Fees
Zip 4 (90 と)	Country	Zip 29 19020	Country	้าส	8. This corporation has liabil	lity for int		under s	199.032,
•1 (1-	9. Name and Address of Curren	11	1301	- 1	10. Name and Address of			gent	
			81	Name			<u> </u>		
ENICOCO	NO LIDO D								
	IG, LIBO B.	•	82	Street A	Address (P.O. Box Number is Not Ac	ceptable)		
	TEWAY DR.		00	ļ					
Suite 20	-		83	•					
POMPAN	IO BEACH FL 33069		84	City			FL	8 5 Z	p Code
or registered	the provisions of Sections 607.0502 d agent, or both, in the State of Floric	da. Such change was authorize	s, the above- d by the corp	named co oration's l	rporation submits this statement for I board of directors. I hereby accept the	the purp te appoil	ose of char ntment as r	iging its egistered	registered offic dagent. Lam
familiar with	n, and accept the obligations of, Secti	on 607.0505, Florida Statutes.							
SIGNATURE	NA								
	ignation, typed or printed name of registered agent			nt signature re	equired when reinstating)	~ 	DATE		200 111 40
2.	OFFICERS AND	D DIRECTORS	13.	nt signature re	equired when reinstating) ADDITIONS/CHANGES T	O OFFIC	ERS AND		
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14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Forida Statutes. I furner 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 cath; 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;

HOND THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Daytime Phone #

CR2E03