

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000002262 (4)

1. Corporation Name
TENCON, INC.



Principal Place of Business: **135 SYLVAN STREET VERONA PA 15147**
Mailing Address: **135 SYLVAN STREET VERONA PA 15147**

3. Date Incorporated or Qualified: **05/03/1993** 3a. Date of Last Report: **03/22/1995**
4. FCI Number: **62-1483766** 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

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

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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: _____ (NOTE: Registered Agent signature is required when recording)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAXON, EDWARD G	
STREET ADDRESS	135 SYLVAN STREET	
CITY-ST-ZIP	VERONA PA 15147	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZUNIC, JOSEPH F JR.	
STREET ADDRESS	135 SYLVAN STREET	
CITY-ST-ZIP	VERONA PA 15147	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAXON, GEORGE E SR.	
STREET ADDRESS	135 SYLVAN STREET	
CITY-ST-ZIP	VERONA PA 15147	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAXON, GEORGE E JR.	
STREET ADDRESS	135 SYLVAN STREET	
CITY-ST-ZIP	VERONA PA 15147	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAXON, GREGORY J	
STREET ADDRESS	135 SYLVAN STREET	
CITY-ST-ZIP	VERONA PA 15147	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GODISH, REGINA M	
STREET ADDRESS	135 SYLVAN STREET	
CITY-ST-ZIP	VERONA PA 15147	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward G Saxon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 412 828 5222
Date Daytime Phone #

CR2E034 (12/95)