

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

FILED
Feb 01, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-01-1999 90035 033 ****150.00

DOCUMENT # F93000002262

1. Corporation Name
 TENCON, INC.



DO NOT WRITE IN THIS SPACE

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

4. FEI Number
 62-1483766

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

24 Zip Country

29 Zip Country

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C. T CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324

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	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	

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 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, with all other like empowered.

SIGNATURE: *Edward G. Saxon* Edward G. Saxon

01/04/99

412-828-1166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)