

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -6 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F9400000702 (0)**

1. Corporation Name

**HORAN, GOLDMAN COMPANIES, INC.**

Principal Place of Business

Mailing Address

485 DEVON PARK DRIVE, STE 115  
P.O. BOX 288  
WAYNE PA 19087

485 DEVON PARK DRIVE, STE 115  
P.O. BOX 288  
WAYNE PA 19087

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/14/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

23-1735641

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

9. Name and Address of Current Registered Agent

BLODIG, GREGORY J  
1630 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name **RONALD TORRES**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**9690 NW 41st ST.**  
83  
84 City **MIAMI** P **FL** 85 Zip Code **33178**

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

*Small signature*

(NOTE: Registered Agent signature required when constituting

DATE

*March 1st 1995*

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|-------|------|----------------|-----------------|
|       |      |                |                 |
|       |      |                |                 |
|       |      |                |                 |
|       |      |                |                 |
|       |      |                |                 |
|       |      |                |                 |
|       |      |                |                 |
|       |      |                |                 |
|       |      |                |                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12/

| 11 TITLE | 12 NAME         | 13 STREET ADDRESS          | 14 CITY - ST - ZIP | Change                   | Addition                            |
|----------|-----------------|----------------------------|--------------------|--------------------------|-------------------------------------|
| P        | THOMAS B. ROGAN | 9690 NW 41st ST            | MIAMI, FL 33178    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VP       | RONALD TORRES   | 9690 NW 41st ST            | MIAMI, FL 33178    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ST       | MARY M FRANCO   | 485 DEVON PARK DR, STE 115 | WAYNE, PA 19087    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|          |                 |                            |                    | <input type="checkbox"/> | <input type="checkbox"/>            |
|          |                 |                            |                    | <input type="checkbox"/> | <input type="checkbox"/>            |
|          |                 |                            |                    | <input type="checkbox"/> | <input type="checkbox"/>            |
|          |                 |                            |                    | <input type="checkbox"/> | <input type="checkbox"/>            |
|          |                 |                            |                    | <input type="checkbox"/> | <input type="checkbox"/>            |
|          |                 |                            |                    | <input type="checkbox"/> | <input type="checkbox"/>            |
|          |                 |                            |                    | <input type="checkbox"/> | <input type="checkbox"/>            |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information is correct as the 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. 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 on Block 12 or 13 of this report, or on any attachment thereto, as indicated.

SIGNATURE:

*Raymond Franco*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

2/10/95

610-688-3444