

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90199 029 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F94000000702

1. Corporation Name
HORAN, GOLDMAN COMPANIES, INC.

| | |
|--|--|
| Principal Place of Business 485 DEVON PARK DRIVE, STE 115 P.O. BOX 288 WAYNE PA 19087 | Mailing Address 485 DEVON PARK DRIVE, STE 115 P.O. BOX 288 WAYNE PA 19087 |
|--|--|



DO NOT WRITE IN THIS SPACE

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

| | |
|---|---|
| 3. Date Incorporated or Qualified 02/14/1994 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 23-1735641 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

TORRES, RONALD
9690 NW 41ST STREET
MIAMI FL 33178

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | ROGAN, THOMAS B. | |
| STREET ADDRESS | 9690 NW 41ST STREET | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | TORRES, RONALD | |
| STREET ADDRESS | 9690 NW 41ST STREET | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | FRANCO, MARY M. | |
| STREET ADDRESS | 485 DEVON PARK DR STE 115 | |
| CITY-ST-ZIP | WAYNE PA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------|--|
| 1.1 TITLE | CHAIRMAN (C) | <input checked="" 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: _____

Thomas B. Rogan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99
 Date

610-688-3444
 Daytime Phone #

CR2E034 (1/98)