

PROFIT CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 MAY -1 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000003357**

1. Corporation Name
WACO ASSOCIATES, INC.

Principal Place of Business: **1145 FOREST STREET CONSHOHOCKEN PA 19428-9865**
Mailing Address: **1145 FOREST STREET CONSHOHOCKEN PA 19428-9865**

3. Date Incorporated or Qualified: **10/23/1995**
3a. Date of Last Report:
4. FEI Number: **23-2386877**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: **2546 Gen. Armistead Ave**
21. Suite, Apt. #, etc.:
22. City & State: **Norristown PA**
23. Zip: **19403** Country: **USA**
24. 25. 26. Mailing Address: **SAME**
27. Suite, Apt. #, etc.:
28. City & State:
29. Zip: Country:

9. Name and Address of Current Registered Agent:
**SMITH, DAVID H
6236 PHILLIPS HIGHWAY
JACKSONVILLE FL 32217**

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 607.0605 and 607.1504, 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 and accept the obligations of Section 607.0604, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS	
TITLE	NAME	TITLE	NAME
President	Jeffrey A. Rose 2546 General Armistead Ave Norristown PA 19403	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
Secretary	Diane Rose 2546 General Armistead Avenue Norristown PA 19403	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 11B.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: Jeff Rose DATE: 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #: 610-630-4800

CR2024 (12/05)