

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

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AND
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98 APR -7 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # F95000004495
1. Corporation Name
Abbott & Cobb, Inc.

Principal Place of Business: 4151 Street Road, Trevoese, PA 19053
Mailing Address: P.O. Box 307, Feasterville, PA 19053

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 same as above	26 same as above	1/2/74	23-1936286	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	8.75 Additional Fee Required	
23 City & State	28 City & State	<input checked="" type="checkbox"/>	5.00 May Be Added to Fees	
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution		
25 Country	30 Country	<input type="checkbox"/>		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent
Blanton, Edwin F
825 Thomasville Road
Tallahassee, FL 32303 US

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 officer, director, or registered agent) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME CT STREET ADDRESS CITY-ST-ZIP	Abbott, Arthur C 77 NE Harbour Drive Boca Raton, FL 33431	11 TITLE 12 NAME D 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE NAME SD STREET ADDRESS CITY-ST-ZIP	Abbott, Mabel K 8919 Park Road Apt 149 Charlotte, NC 28210	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME VD STREET ADDRESS CITY-ST-ZIP	Malley, John F 40 Cherokee Drive Richboro, PA 18954	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME CFO STREET ADDRESS CITY-ST-ZIP	Kolenda, William 509 Washington Avenue Newtown, PA	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME D STREET ADDRESS CITY-ST-ZIP	Corson, John P.O. Box 710 Plymouth Mtg, PA 19462	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME D STREET ADDRESS CITY-ST-ZIP	Primack, Aurin 2430 Edward Road Palm Beach Gardens, PA 33410	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

Change	Addition
8000002487268	3
-04/14/98	-01006-002
****158.75	****158.75
<i>A. Alan</i>	4/7/98
Change	Addition

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 its 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 in an attachment with an address.

SIGNATURE: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (10/97)