


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT# F98000005974**

1. Entity Name  
**ALLSTATEMANAGEMENTCORP.**



Principal Place of Business      Mailing Address

**4300HADDONFIELD RD., STE. 314**      **4300HADDONFIELD RD., STE. 314**  
**PENNSAUKEN, NJ 08109**      **PENNSAUKEN, NJ 08109**

**DO NOT WRITE IN THIS SPACE**



01052004    NoChg-P    CR2E034(10/03)

4. FEINumber      Applied For  
**22-2194844**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MUNROE, W. BRADLEY ESQ.**  
**239 E. VIRGINIA ST.**  
**TALLAHASSEE, FL 32301**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	ZALKIND, STEVEN
STREET ADDRESS	201 MT. LAUREL RD.
CITY - ST - ZIP	MOORESTOWN, NJ 08057
TITLE	S
NAME	ROSE, CHARLINE
STREET ADDRESS	10 AARON CT.
CITY - ST - ZIP	CHERRY HILL, NJ 08002
TITLE	T
NAME	BORUCKI, STANLEY E
STREET ADDRESS	18 CAROL JOY RD.
CITY - ST - ZIP	MEDFORD, NJ 08055
TITLE	CDP
NAME	LOVE, DONALDN
STREET ADDRESS	1141 BARBARA DR.
CITY - ST - ZIP	CHERRY HILL, NJ 08003
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000017437  
 01/28/04-80096-008 150.00

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**Allstate Management Corporation**

1/7/04      (856) 662-4757