

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P12000 (6)

1. Corporation Name  
**FISHER TANK COMPANY**



Principal Place of Business Mailing Address  
1013 CENTRE RD PO BOX 591 WILMINGTON DE 19899

3. Date Incorporated or Qualified **11/03/1986** 3a. Date of Last Report **01/19/1995**  
4. FEI Number **23-1384852** 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

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.

**9. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE FL 32301**

**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

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

**12. OFFICERS AND DIRECTORS**

TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>BORST, ROBERT M.</b>	
STREET ADDRESS	<b>1058 TENBY ROAD</b>	
CITY - ST - ZIP	<b>BERWYN PA</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>BOUTIN, JOSEPH M.</b>	
STREET ADDRESS	<b>3524 GARNET MINE ROAD</b>	
CITY - ST - ZIP	<b>BOOTHWYN PA</b>	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	<b>EWART, RONALD B.L.</b>	
STREET ADDRESS	<b>428 GORSUCH STREET</b>	
CITY - ST - ZIP	<b>FOLSOM PA</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>SZELAK, PAUL M</b>	
STREET ADDRESS	<b>30 SCOTT ROAD</b>	
CITY - ST - ZIP	<b>GLEN MILLS PA</b>	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>WARD, JAMES P.</b>	
STREET ADDRESS	<b>404 FALCON DRIVE</b>	
CITY - ST - ZIP	<b>KENNET SQUARE PA</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>MILLER, JAMES M.</b>	
STREET ADDRESS	<b>157 ANDRIEN ROAD</b>	
CITY - ST - ZIP	<b>GLEN MILLS PA</b>	

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

1.1 TITLE	<input 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 checked="" type="checkbox"/> Addition
3.2 NAME	<b>V Paul Windham</b>
3.3 STREET ADDRESS	<b>131 Wilton Hill Road</b>
3.4 CITY - ST - ZIP	<b>Columbia, SC 29212</b>
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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>P Leo Pasini</b>
5.3 STREET ADDRESS	<b>3131 West Fourth Street</b>
5.4 CITY - ST - ZIP	<b>Chester, PA 19013-1899</b>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 or is changed, or on an attachment with an address.

SIGNATURE: *Robert M. Borst* Robert M. Borst 01/23/96 (610)494-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)