

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P17097** (7)

1. Corporation Name

A.C. DELLOVADE, INC.



Principal Place of Business

Mailing Address

108 CAVASINA DRIVE
CANONSBURG PA 15317
US

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CANONSBURG PA 15317
US

3. Date Incorporated or Qualified
12/08/1987

3a. Date of Last Report
09/08/1995

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 type for principal place of registered agent and title (Applicable)

(NOTE: Registered Agent signature required above signature)

Date

12. OFFICERS AND DIRECTORS

TITLE **PTD** DELETE
NAME **DELLOVADE, ARMAND C**
STREET ADDRESS **R.D. 2**
CITY - ST - ZIP **CANONSBURG PA**

TITLE **SD** DELETE
NAME **DELLOVADE, PETER J**
STREET ADDRESS **190 ROSCOMMON PLACE**
CITY - ST - ZIP **MCMURRAY PA**

TITLE **V** DELETE
NAME **DELLOVADE, DENNIS**
STREET ADDRESS **439 ROBINSHOOD LANE**
CITY - ST - ZIP **MCMURRAY PA**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP Change Addition

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP Change Addition

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP Change Addition

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP Change Addition

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP Change Addition

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Armand C. Dellovade

Armand C. Dellovade

412/873-8190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)