

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

0007951

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P17097

1. Corporation Name
A.C. DELLOVADE, INC.

Principal Place of Business
**108 CAVASINA DRIVE
CANONSBURG PA 15317
US**

Mailing Address
**108 CAVASINA DRIVE
CANONSBURG PA 15317
US**

99 MAR 25 PM 1:06



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified
12/08/1987
- 4. FEI Number
25-1242514 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 owes the current year Intangible Personal Property Tax 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 | 29 |
| 25 | 30 |

9. Name and Address of Current 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 City | |
| 84 Zip Code | FL 85 |

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 last first name

(NOTE: Registered Agent signature required when filing change)

DATE

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|----------------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> DELETE |
| NAME | DELLOVADE, ARMAND C | |
| STREET ADDRESS | R.D. 2 | |
| CITY-ST-ZIP | CANNONSBURG PA | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | DELLOVADE, PETER J | |
| STREET ADDRESS | 190 ROSCOMMON PLACE | |
| CITY-ST-ZIP | MCMURRAY PA | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | DELLOVADE, DENNIS | |
| STREET ADDRESS | 439 ROBINSHOOD LANE | |
| CITY-ST-ZIP | MCMURRAY PA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|-----------------------------|--|
| 11 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY-ST-ZIP | | |
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME | V | |
| 43 STREET ADDRESS | Riley, Patrick L. | |
| 44 CITY-ST-ZIP | 2 Aspen Drive | |
| 51 TITLE | Washington, PA 15301 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered

SIGNATURE: *Armand C Dellova* **Armand C Dellova**

3/12/99 724-873-8190

CRZE034 (1/199)