

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

FILED

**Mar 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38037 (8)
1. Corporation Name
CERTA PROPAINERS LTD. INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1140 VALLEY FORGE ROAD VALLEY FORGE PA 19482 US		Mailing Address P.O. BOX 718 VALLEY FORGE PA 19482	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 04-3140719	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

3. Date Incorporated or Qualified
03/25/1992

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

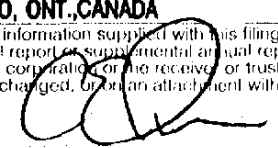
12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHASE, CHARLES E.	
STREET ADDRESS	1252 THOMAS RD	
CITY-ST-ZIP	WAYNE PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACK, WILLIAM	
STREET ADDRESS	17 WADSWORTH CIR	
CITY-ST-ZIP	BRAMPTON, ONT, CANADA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CLEMENTS, PAUL W.	
STREET ADDRESS	R.R. #3	
CITY-ST-ZIP	STOUFFEVILLE, ONT, CAN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, STEVEN S.	
STREET ADDRESS	888 MELTON DRIVE	
CITY-ST-ZIP	MISSISSAUGA ON	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, ROBERT	
STREET ADDRESS	45 MASON BLVD.	
CITY-ST-ZIP	TORONTO, ONT., CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAINE, NICHOLAS	
STREET ADDRESS	508A ONTARIO ST	
CITY-ST-ZIP	TORONTO, ONT., CANADA	

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 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 in an attachment with an address.

SIGNATURE:  Charles E. Chase 2/26/98 (610) 983-9411

CR2E034 (10/97)