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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000072048 (0)**
1. Corporation Name
ALLIED/ORLANDO, INC.

Principal Place of Business Mailing Address

**925 HARVEST DR
STE 210
BLUE BELL PA 19422
US**

**% E S URDANG REAL ESTATE ADV
925 HARVEST DR, STE 210
BLUE BELL PA 19422
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
10/18/1993 **02/10/1994**

4. FEI Number Applied For
23-2744691 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 § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **Urdang & Assoc. Real Estate** 26 **630 W. Germantown Pike**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
Suite 321 **Suite 321**

23 City & State 28 City & State
Plymouth Meeting, PA **Plymouth Meeting, PA**

24 Zip 25 Country 29 Zip 30 Country
19462 **USA** **19462** **USA**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code
FL

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 transferring) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	URDANG, E S
STREET ADDRESS	925 HARVEST DR SUITE 210
CITY ST ZIP	BLUE BELL PA
TITLE	VS
NAME	BLUM, DAVID J
STREET ADDRESS	925 HARVEST DR, STE 210
CITY ST ZIP	BLUE BELL PA
TITLE	V
NAME	NOVICK, STEVEN C
STREET ADDRESS	925 HARVEST DR, STE 210
CITY ST ZIP	BLUE BELL PA
TITLE	V
NAME	SANFILIPPO, VINCENT
STREET ADDRESS	925 HARVEST DR, STE 210
CITY ST ZIP	BLUE BELL PA
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	E. Scott Urdang
13 STREET ADDRESS	630 W. Germantown Pike, Suite 321
14 CITY ST ZIP	Plymouth Meeting, PA 19462
21 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	David J. Blum
23 STREET ADDRESS	630 W. Germantown Pike, Suite 321
24 CITY ST ZIP	Plymouth Meeting, PA 19462
31 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Steven C. Novick
33 STREET ADDRESS	630 W. Germantown Pike, Suite 321
34 CITY ST ZIP	Plymouth Meeting, PA 19462
41 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Vincent Sanfilippo
43 STREET ADDRESS	630 W. Germantown Pike, Suite 321
44 CITY ST ZIP	Plymouth Meeting, PA 19462
51 TITLE	Change Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Steve Novick* **STEVE NOVICK** 4-24-95 610-834-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR