

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:57

DOCUMENT # **P94000027836 (3)**

1. Corporation Name

ALLIED/TRACT-V PROPERTIES, INC.

Principal Place of Business

Mailing Address

C/O E. SCOTT URDANG, REAL ESTATE ADVISORS
925 HARVEST DRIVE, SUITE 210
BLUE BELL PA 19422

C/O E. SCOTT URDANG, REAL ESTATE ADVISORS
925 HARVEST DRIVE, SUITE 210
BLUE BELL PA 19422

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/12/1994	3a. Date of Last Report
4. FFI Number 23-2766520	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 198.022 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Urdang & Assoc. Real Estate	26 Urdang & Assoc. Real Estate
22 Suite, Apt. #, etc Ste	27 Suite, Apt. #, etc Ste
630 W. Germantown Pike, 321	630 W. Germantown Pike, 321
23 City & State Plymouth Mtg, PA	28 City & State Plymouth Mtg, PA
24 Zip 19462	29 Zip 19462
25 Country USA	30 Country USA

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

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

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

12. OFFICERS AND DIRECTORS

1. NAME	D	URDANG, E S
2. STREET ADDRESS		925 HARVEST DRIVE, SUITE 210
3. CITY, ST. ZIP		BLUE BELL PA 19422
4. NAME		
5. STREET ADDRESS		
6. CITY, ST. ZIP		
7. NAME		
8. STREET ADDRESS		
9. CITY, ST. ZIP		
10. NAME		
11. STREET ADDRESS		
12. CITY, ST. ZIP		
13. NAME		
14. STREET ADDRESS		
15. CITY, ST. ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)

1. NAME	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	E.S. Urdang	
3. STREET ADDRESS	630 W. Germantown Pike, Ste 321	
4. CITY, ST. ZIP	Plymouth Meeting, PA, 19462	
5. NAME	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	David J. Blum	
7. STREET ADDRESS	630 W. Germantown Pike, Suite 321	
8. CITY, ST. ZIP	Plymouth Meeting, PA 19462	
9. NAME	Steven C. Novick	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	630 W. Germantown Pike, Suite 321	
11. STREET ADDRESS	Plymouth Meeting, PA 19462	
12. CITY, ST. ZIP	19462	
13. NAME	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	Vincent Sanfilippo	
15. STREET ADDRESS	630 W. Germantown Pike, Suite 321	
16. CITY, ST. ZIP	Plymouth Meeting, PA 19462	
17. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST. ZIP		

14. I, the filer hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.02(9)(b), Florida Statutes. I further certify that the information included 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 227, Florida Statutes, and that my name appears on Block A, or Block B, of the filing, or on an attachment with an address.

SIGNATURE: **Steve Novick**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.95 610.834.9500