

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000027836 (3)**

1. Corporation Name

**ALLIED/TRACT-V PROPERTIES, INC.**



Principal Place of Business: **C/O E. SCOTT URDANG, REAL ESTATE ADVISORS  
630 W. GERMANTOWN PIKE, STE 321  
PLYMOUTH MEETING PA 19462  
US**

Mailing Address: **C/O URDANG & ASSOC. REAL ESTATE  
630 W. GERMANTOWN PIKE, STE 321  
PLYMOUTH MEETING PA 19462  
US**

3. Date Incorporated or Qualified <b>04/12/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>23-2766520</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>Urdang &amp; Associates Real Estate Advisors</b>	2a. Mailing Address <b>Urdang &amp; Associates Real Estate Advisors</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Country	30. Country

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>URDANG, E S</b>	
STREET ADDRESS	<b>630 W. GERMANTOWN PIKE, STE 321</b>	
CITY-ST-ZIP	<b>PLYMOUTH MEETING PA</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>BLUM, DAVID J</b>	
STREET ADDRESS	<b>630 W. GERMANTOWN PIKE, STE 321</b>	
CITY-ST-ZIP	<b>PLYMOUTH MEETING PA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>NOVCK, STEVEN C</b>	
STREET ADDRESS	<b>630 W. GERMANTOWN PIKE, STE 321</b>	
CITY-ST-ZIP	<b>PLYMOUTH MEETING PA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SANFILIPPO, VINCENT</b>	
STREET ADDRESS	<b>630 W. GERMANTOWN PIKE, STE 321</b>	
CITY-ST-ZIP	<b>PLYMOUTH MEETING PA</b>	
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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Novick, Steven C.</b>
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steven C. Novick* **4/29/96** **(610) 834-9500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Steven C. Novick for Allied/Tract-V Properties Inc**

CR2E034 (12/95)