

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000053673 (6)

1. Corporation Name

ALLIED/BILTMORE, INC.



Principal Place of Business C/O URDANG & ASSOCIATES REAL ESTATE ADVS. 630 WEST GERMANTOWN PIKE, SUITE 321 PLYMOUTH MEETING PA 19462	Mailing Address C/O URDANG & ASSOCIATES REAL ESTATE ADVS. 630 WEST GERMANTOWN PIKE, SUITE 321 PLYMOUTH MEETING PA 19462
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3. Date Incorporated or Qualified 07/12/1995	3a. Date of Last Report
4. FEI Number 23-2819898	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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28. Country
24. Country	29. Zip
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
82. Street Address (P.O. Box Number is Not Acceptable)
83.
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 _____ (Signature of principal officer or registered agent and title, if applicable) (NOTE: Registered Agent Signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	URDANG, E. SCOTT	
STREET ADDRESS	630 WEST GERMANTOWN PIKE, SUITE 321	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
22. NAME	V/S Blum, David J.
23. STREET ADDRESS	630 W. Germantown Pike, Suite 321
24. CITY-ST-ZIP	Plymouth Meeting, PA 19462
31. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	V Novick, Steven C.
33. STREET ADDRESS	630 W. Germantown Pike, Suite 321
34. CITY-ST-ZIP	Plymouth Meeting, PA 19462
41. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	V Sanfilippo, Vincent J.
43. STREET ADDRESS	630 W. Germantown Pike, Suite 321
44. CITY-ST-ZIP	Plymouth Meeting, PA 19462
51. TITLE	<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	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David J. Blum David J. Blum 6-28-96 610-834-9500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)