

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

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000042873 (5)
 1. Corporation Name
ALLIED/STANLEY, INC.



Principal Place of Business C/O URDANG & ASSOC REAL ESTATE ADVISORS 630 GERMANTOWN PIKE. STE. 321 PLYMOUTH MEETING PA 19462	Mailing Address C/O URDANG & ASSOC REAL ESTATE ADVISORS 630 GERMANTOWN PIKE. STE. 321 PLYMOUTH MEETING PA 19462-1074
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/20/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FFI Number 23-2851348	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URDANG, E. SCOTT	1.2 NAME	
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE. 321	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DAVID J. BLUM
STREET ADDRESS		2.3 STREET ADDRESS	630 WEST GERMANTOWN PIKE, SUITE 321
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	STEVEN C NOVICK
STREET ADDRESS		3.3 STREET ADDRESS	630 WEST GERMANTOWN PIKE, SUITE 321
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VINCENT SANFILIPPO
STREET ADDRESS		4.3 STREET ADDRESS	630 WEST GERMANTOWN PIKE, SUITE 321
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE *[Signature]* **02497** (610) 834- 9500

CR2E034 (9/96)