

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

000835

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90240 047 \*\*\*150.00

DOCUMENT # P98000033867

1. Corporation Name ALLIED/MORENO VALLEY, INC.



Principal Place of Business: C/O URDANG & ASSOCIATES R.E.ADVISORS. INC. 630 W GERMANTOWN PIKE. SUITE 321 PLYMOUTH MEETING PA 19046

Mailing Address: C/O URDANG & ASSOCIATES R.E.ADVISORS. INC. 630 W GERMANTOWN PIKE. SUITE 321 PLYMOUTH MEETING PA 19046

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/14/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				58-2384637	
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	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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 \_\_\_\_\_ (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, SUITE 321	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19046	1.4 CITY-ST-ZIP	19462
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	BLUM, DAVID J.
STREET ADDRESS		2.3 STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 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	NOVICK, STEVEN C.
STREET ADDRESS		3.3 STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 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	SANFILIPPO, VINCENT
STREET ADDRESS		4.3 STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 321
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: David J. Blum ~~Signature Required~~ Blum 3-10-99 610-834-9500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)