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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT			Secreta	B. Mortnam iry of State CORPORATIONS	
DOCUMENT #	P9400	002	27836 (3	3)	
ALLIED/TRACT-V	Properties, in	C.			
Principal Place of Business			ng Address		
C/O E. SCOTT URDANG. RI 630 W. GERMANTOWN PIKE PLYMOUTH MEETING PA 18 US	. STE 321		C/O URDANG & AS: 630 W. GERMANTOY PLYMOUTH MEETING US	/N PIKE, STE 321	3. Date incorporated or Qualified 04/12/1994
2. P Urdang @ B Associ ates Real 21 Estate Advisors			Mailing Address		4. FEI Number 23-2766520
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired
City & State			Oity & State		Election Campaign Financing Trust Fund Contribution
24 25	Country	29	(ip	Country 30	8. This corporation has liability for Florida Statutes Yes
9. Name and	Address of Current R	egiste	red Agent		10. Name and Address of New F



3a. Date of Last Report

05/01/1995

Applied For

21 Estate	Advisors	26			23-2766520	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Ζφ 24	Country 25	Zip Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes XX No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	1 Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324			83					
			84	City		85 Zip Code		
or registere	o the provisions of Sections 607.0502 and agent, or both, in the State of Floridan, and accept the obligations of, Sections	 Such change was author 	rized by the corp	named corpora oration's board	ation submits this statement for the purpose of c d of directors. I hereby accept the appointment a	hanging its registered office as registered agent. I am		
	Signature, typed or printed name of registered agent a	ndittle rappienable ((NDTE: Registered Ager	t signature required				
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12		
TITLE	DP	DELETE	1. 1 3 (TLE			Change Addition		
NAME	URDANG, E S		1.2 NAME					
STREET ADDRESS	630 W. GERMANTOWN PIKI	E, STE 321	1.3 STREET	ADDRESS				
CITY-ST-ZIP	PLYMOUTH MEETING PA		1.4 CITY - S	T-ZIP				
TITLE	VS	☐ DELFTE	2 1 1IILE			Change Addition		
NAME.	BLUM, DAVID J		2.2 NAME					
STREET ADDRESS	630 W. GERMANTOWN PIKI	E. STE 321	2 3 STREET	ADDRESS				
DITY-ST-ZIP	PLYMOUTH MEETING PA	-, -,	2.4 CITY - S					
TITLE	V	[] DELETE	3 1 JULE			XX hange Addition		
NAME	NOVCK, STEVEN C	\$00.00	3 2 NAME	NO	vick, Steven C.	 ,		
STREET ADDRESS	630 W. GERMANTOWN PIKI	F STF 321	33 STREET	,	vient, proven or			
CHY-ST-ZIP	PLYMOUTH MEETING PA	-, 01- 0-1	3 4 CITY - S					
TITLE	V	DELFTE	4 1 111LE	r - Erf		☐ Change ☐ Addition		
NAME	SANFILIPPO, VINCENT	<u> </u>	4 2 NAME			Г. т. ж. Яр		
STREET ADDRESS	630 W. GERMANTOWN PIKI	F STE 321	4.2 INSIDE.	ADDRESS				
CITY-ST-ZIP	PLYMOUTH MEETING PA	L, VIL VE 1	4 4 CITY - S	l l				
TITLE	I EIMOOIII MEELIIIO I A	T DELETE	5 1 THLE	13 - E 1L.		☐ Change ☐ Addition		
NAME			5 2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP TITLE		[] DELETE	5.4 CITY-S 6.1 TITLE	1-715		Change Addition		
NAME		L. Jectic	62 NAME			☐ outube ☐ vention		
STREET ADDRESS			***************************************	ADDRESS				
			6.3 STREET					
CITY-ST-ZIP		CALL ALICE FILE STORY IN THE STORY	6 4 CITY - S		or the exemption stated in Section 119.07(3)(k), F			

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 all address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

District Process

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