


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

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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90049 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000053673					
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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/12/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-2819898	
24 Country		29 Country		Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				<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 owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.				10. Name and Address of New Registered Agent	
SIGNATURE				81 Name	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				82 Street Address (P.O. Box Number is Not Acceptable)	
DATE				83	
12. OFFICERS AND DIRECTORS				84 City	
TITLE DP <input type="checkbox"/> DELETE				FL 85 Zip Code	
NAME URDANG, E. SCOTT					
STREET ADDRESS 630 WEST GERMANTOWN PIKE, SUITE 321					
CITY-ST-ZIP PLYMOUTH MEETING PA					
TITLE VS <input type="checkbox"/> DELETE				1.1 TITLE	
NAME BLUM, DAVID J				1.2 NAME	
STREET ADDRESS 630 W GERMANTOWN PIKE, SUITE 321				1.3 STREET ADDRESS	
CITY-ST-ZIP PLYMOUTH MEETING PA				1.4 CITY-ST-ZIP 19462	
TITLE V <input type="checkbox"/> DELETE				2.1 TITLE	
NAME NOVICK, STEVEN C				2.2 NAME	
STREET ADDRESS 630 W GERMANTOWN PIKE, SUITE 321				2.3 STREET ADDRESS	
CITY-ST-ZIP PLYMOUTH MEETING PA				2.4 CITY-ST-ZIP 19462	
TITLE V <input type="checkbox"/> DELETE				3.1 TITLE	
NAME SANFILIPPO, VINCENT J				3.2 NAME	
STREET ADDRESS 630 W GERMANTOWN PIKE, SUITE 321				3.3 STREET ADDRESS	
CITY-ST-ZIP PLYMOUTH MEETING PA				3.4 CITY-ST-ZIP 19462	
TITLE <input type="checkbox"/> DELETE				4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP 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	



DO NOT WRITE IN THIS SPACE

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* **REQUIRED** *D. Blum* *3-10-99* *610-834-9500*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)