

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 20 1996 8:00 am
Secretary of State

DOCUMENT # 178299 (4)

1. Corporation Name
HARPER MECHANICAL CORPORATION

Principal Place of Business

375 HIGHLAND AVE
PO BOX 9002
JENKINTOWN PA 19046-2611
US

Mailing Address

375 HIGHLAND AVE
PO BOX 9002
JENKINTOWN PA 19046-2611
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CRAIG MONTGOMERY
5401 BENCHMARK LANE
SANFORD FL 32773**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person named in Block 9, and the date of signature

Signature of the person named in Block 10, and the date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	MARTIN A. KEYSER	
STREET ADDRESS	4 NORTHSHORE CENTER	
CITY-STATE-ZIP	PITTSBURGH PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, CRAIG	
STREET ADDRESS	5401 BENCHMARK LANE	
CITY-STATE-ZIP	SANFORD FL	
TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	GRIFFITH, MARION F., III	
STREET ADDRESS	5401 BENCHMARK LANE	
CITY-STATE-ZIP	SANFORD FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SANTORO, ALFONSE J	
STREET ADDRESS	1401 AVE E	
CITY-STATE-ZIP	RIVIERA BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FLECK, JAMES L	
STREET ADDRESS	4 NORTHSHORE CENTER	
CITY-STATE-ZIP	PITTSBURGH PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. L. Fleck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

3/11/96

(412) 354 2100

CR2E034 (12/95)