

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # 228207  
 1. Corporation Name

6-12-96-0810  
 (7)  
 c/w

SPRING LOCK SCAFFOLDING OF WEST FLORIDA INC.



Principal Place of Business: 5090 ULMERTON ROAD, CLEARWATER FL 34620-4001  
 Mailing Address: 2600 N 2ND ST, PHILADELPHIA PA 19133 US

3. Date Incorporated or Qualified: 01/01/1959  
 3a. Date of Last Report: 02/14/1995  
 4. FEI Number: 59-0884279  
 Applied For:  Applied For,  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes,  No

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 25, 26, 27, 28, 29, 30  
 Suite, Apt #, etc: 26  
 City & State: 27  
 Zip: 28, Country: 29

9. Name and Address of Current Registered Agent  
 LEMUS, MARTHA  
 602 S. ARMENIA AVE.  
 TAMPA FL. 33609

10. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature type is printed on the registered agent and director application. If-010: If-010 is 1 Agent signature required when registering.

12. OFFICERS AND DIRECTORS		DELETE
TITLE	STD	<input type="checkbox"/>
NAME	RAPOPORT, JEFFREY	
STREET ADDRESS	458 N APPLE TREE LN	
CITY - ST - ZIP	LAFAYETTE HILLS, PA 0	
TITLE	VD	<input type="checkbox"/>
NAME	RAPOPORT, RANDY	
STREET ADDRESS	214 PARKVIEW RD	
CITY - ST - ZIP	CHELtenham, PA 0	
TITLE	VD	<input type="checkbox"/>
NAME	RAPOPORT, MITCHELL	
STREET ADDRESS	214 PARKVIEW RD	
CITY - ST - ZIP	CHELtenham, PA 0	
TITLE	PD	<input type="checkbox"/>
NAME	RAPOPORT, ERNEST	
STREET ADDRESS	214 PARKVIEW RD	
CITY - ST - ZIP	CHELtenham, PA 0	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Jeffrey Rapoport*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96  
 215-426-1605

CR2E034 (3/96)