


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

99 JAN 12 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 640133 (5)					
1. Corporation Name SGPV, INC.					
Principal Place of Business 200 S. BROAD ST., 3RD FLOOR PHILADELPHIA PA 19102			Mailing Address % THE RUBIN ORGANIZATION, INC. 200 SOUTH BROAD STREET PHILADELPHIA PA 19102		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/02/1979 4. FEI Number 23-2113487 5. Certificate of Status Desired <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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BLANTON, EDWIN F 825 THOMASVILLE ROAD TALLAHASSEE FL 32303				10. Name and Address of New Registered Agent 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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE 1/4/99					
12. OFFICERS AND DIRECTORS TITLE CD 300TH <input type="checkbox"/> DELETE NAME STRAUS, JOSEPH, JR. STREET ADDRESS 2007 BROAD ST., 3RD FLOOR CITY-ST-ZIP PHILADELPHIA PA TITLE P 1500TH <input type="checkbox"/> DELETE NAME SWITZENBAUM, SAMUEL M STREET ADDRESS 2007 BROAD ST., 3RD FLOOR CITY-ST-ZIP PHILADELPHIA PA TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME JOSEPH STRAUS, JR 1.3 STREET ADDRESS 814 GREGORY ROAD 1.4 CITY-ST-ZIP RYDAL, PA 19046-2929 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME SAMUEL M. SWITZENBAUM 2.3 STREET ADDRESS 200 S. BROAD ST - 6TH FLOOR 2.4 CITY-ST-ZIP PHILADELPHIA, PA 19102 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 300002740613--8 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 01/13/99-01/13/99 4.3 STREET ADDRESS ****750.00 ****750.00 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

REINSTATEMENT 98
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/02/1979

4. FEI Number
23-2113487
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD 300TH** ☐ DELETE
NAME **STRAUS, JOSEPH, JR.**
STREET ADDRESS **2007 BROAD ST., 3RD FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE **P 1500TH** ☐ DELETE
NAME **SWITZENBAUM, SAMUEL M**
STREET ADDRESS **2007 BROAD ST., 3RD FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **JOSEPH STRAUS, JR**
1.3 STREET ADDRESS **814 GREGORY ROAD**
1.4 CITY-ST-ZIP **RYDAL, PA 19046-2929**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **SAMUEL M. SWITZENBAUM**
2.3 STREET ADDRESS **200 S. BROAD ST - 6TH FLOOR**
2.4 CITY-ST-ZIP **PHILADELPHIA, PA 19102**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **300002740613--8**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **01/13/99-01/13/99**
4.3 STREET ADDRESS ******750.00 ****750.00**
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

SIGNATURE REQUIRED
[Signature]

11/13/98

(215) 875-0135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0113012

CR2E034 (5/98)