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

May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT #

1. Corporation Name 678039 (9) **OJV CORPORATION** Principal Place of Business Mailing Address 1601 CHURCH ROAD. BOX D 1601 CHURCH ROAD, BOX D **GLENSIDE PA 19038** GLENSIDE PA 19038 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1980 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 23-2157482 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. □ No 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CULISH. JERRIE S. 1700 E. LAS OLAS BLVD., SUITE 200 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33301 83 84 City 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 Lorida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pricted name of registered agent and time if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OLFICERS AND DIRECTORS 13. Addition DELETE Change TITLE 1.1 1016 FROST, JOHN L. NAME 1.2 NAME 1601 CHURCH ROAD STREET ADDRESS 1.3 STREET ADDRESS **GLENSIDE PA** 19038 CITY-ST-ZIP 1.4 City-St-ZiP Addition DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME MONTGOMERY, ANN 1601 CHURCH ROAD STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CHY- ST-ZIP 6LENSTOE CITY-ST-ZIP ☐ Change DELETE Addition 3.1 THLE TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - S1 - 2IP DELETE Change ___ Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE ☐ Change Addition 6.1 TITLE TITE F NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP 14. I he proposed the information supplied with this filing closs 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 early 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 only attachment with an address

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