

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 812407 (5)

1. Corporation Name
ACANDS, INC.



Principal Place of Business: 120 NORTH LIME STREET LANCASTER PA 17602-2951
Mailing Address: 120 N. LIME ST. LANCASTER PA 17602 US

3. Date Incorporated or Qualified 12/18/1957	3a. Date of Last Report 01/25/1995
4. FEI Number 23-1517682	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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: _____ (NOTE - Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: DECKER, T. E. STREET ADDRESS: 1305 HOMESTEAD LANE CITY-ST-ZIP: LANCASTER PA <input checked="" type="checkbox"/> DELETE	1.1 TITLE: PRESIDENT (ACTING) 1.2 NAME: W.K. LIDDELL 1.3 STREET ADDRESS: 120 N. LIME ST. 1.4 CITY-ST-ZIP: LANCASTER PA 17602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: GRAY, DENNIS R. STREET ADDRESS: 120 N. LIME ST. CITY-ST-ZIP: LANCASTER PA <input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:
TITLE: V NAME: ANDREW, DAVID F. STREET ADDRESS: 1024 ROBIN DR. CITY-ST-ZIP: W. CHESTER PA <input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:
TITLE: ST NAME: BURKHOLDER, PHYLLIS W. STREET ADDRESS: 232 MILLER RD. CITY-ST-ZIP: AKRON PA <input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
TITLE: V NAME: NORTON, D. T. STREET ADDRESS: 10014 CRAIG DRIVE CITY-ST-ZIP: SHAWNEE MISSION KS <input checked="" type="checkbox"/> DELETE	5.1 TITLE: EXEC. VICE PRESIDENT + DIRECTOR 5.2 NAME: D. M. COFFIN 5.3 STREET ADDRESS: 140 HILLCREST RD. 5.4 CITY-ST-ZIP: LANCASTER PA. 17602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

P. W. Burkholder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 (717) 399-5250
Date: _____ Dept. Phone # _____

CR2E034 (12/95)