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FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 17602-2951
 US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
12/18/1957

3a. Date of Last Report
01/29/1996

4. FEI Number
23-1517682

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

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 of Registered Agent (Signature required when translating)

(NOTE: Registered Agent signature required when translating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
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 CITY-STATE-ZIP
 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

~~R~~ ~~LIDDEL, W. K.~~ DELETE
**120 N LIME STREET
 LANCASTER PA
 VP**
 DELETE
GRAY, DENNIS R.
**120 N. LIME ST.
 LANCASTER PA
 V**
 DELETE
ANDREW, DAVID F.
**1024 ROBIN DR.
 W. CHESTER PA
 ST**
 DELETE
BURKHOLDER, PHYLLIS W.
**232 MILLER RD.
 AKRON PA**
 DELETE
EVRO
COFFIN, D. M.
**140 HILLCREST ROAD
 LANCASTER PA.**
 DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
PRESIDENT
 12 NAME **KANE, J. P.**
 13 STREET ADDRESS **11 DEAR CREEK CROSSING**
 14 CITY-STATE-ZIP **KENNETT SQUARE, PA 19348**
 21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY-STATE-ZIP
 31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY-STATE-ZIP
 41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY-STATE-ZIP
 51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-STATE-ZIP
 61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY-STATE-ZIP

14. I do 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 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]* Secy-Treas

3/10/97 717-397-3631

CR2E034 (9/96)