

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

**FILED**  
**May 12 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 # 831711 (7)**  
 1. Corporation Name  
**J.J. NEWBERRY, CO. D-I-P**



Principal Place of Business  
**2955 E MARKET ST  
 YORK PA 17402**

Mailing Address  
**2955 E MARKET ST  
 YORK PA 17402-2408**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/31/1974</b>	3a. Date of Last Report <b>05/01/1996</b>
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>13-5582913</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: 1 for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>COB</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIKLIS, MESHULAM</b>	1.2 NAME	
STREET ADDRESS	<b>2901 LAS VEGAS BLVD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAS VEGAS NV</b>	1.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINER, PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>687 MADISON AVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARREN, CALVIN</b>	3.2 NAME	
STREET ADDRESS	<b>2955 E MARKET ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>YORK PA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HASKELL, DEAN</b>	4.2 NAME	
STREET ADDRESS	<b>2955 E MARKET ST</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>YORK PA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAUNT, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>2955 E MARKET ST</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>YORK PA</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 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 or trustee 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: Paul Weiner **Paul Weiner** 4/30/97 717-757-8610  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**J. J. NEWBERRY CO**

**OFFICERS**

<b><u>NAME &amp; ADDRESS</u></b>	<b><u>TITLES</u></b>
<b>MESHULAM RIKLIS 2901 LAS VEGAS BLVD SOUTH LAS VEGAS NV 89109</b>	<b>CHAIRMAN OF THE BOARD &amp; CHIEF EXECUTIVE OFFICER</b>
<b>PAUL WEINER 667 MADISON AVE NEW YORK NY 10021</b>	<b>SR VICE PRES/TREASURER</b>
<b>DEAN HASKELL 2955 E MARKET STREET YORK PA 17402</b>	<b>SECRETARY</b>
<b>JOHN GAUNT 2955 E MARKET STREET YORK PA 17402</b>	<b>ASST SECRETARY</b>

**DIRECTORS**

<b>MESHULAM RIKLIS</b>	<b>2901 LAS VEGAS BLVD SOUTH LAS VEGAS NV 89109</b>
<b>PAUL WEINER</b>	<b>667 MADISON AVE NEW YORK NY 10021</b>
<b>DEAN HASKELL</b>	<b>2955 E MARKET STREET YORK PA 17402</b>

05/16/96