FILE NOW: FILING FEE AFTER MAY 1ST IS \$.00 **PROFIT** FLORIDA DEPARTMEN STATE CORPORATION Sandra B. Mo ANNUAL REPORT Secretary of Sta 1998 DIVISION OF CORPOR

FILED Mar 31 1998 8:00am Secretary of State

1. Corporation	MENT # 83830 O BROTHERS, CO.)7 (7)			
Principal Plac	e of Business	Mailing Address			AI BION BIDN BIDN BIDN BIDN IDEN
12401 MCNULTY RD.		12401 MCNULTY RD.			
PHILADELPHIA PA 19154		PHILADELPHIA PA 19154			
				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	
				04/28/1977	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		23-1530814	Not Applicable
		h		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		A Floring Committee Financial	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid th	
24	25 9. Name and Address of Curr		30	Personal Property Tax due June 30. 10. Name and Address of New Regist	Yes No
		ent Hegistered Agent	81 Name	10. Name and Address of New Regist	erea Agent
JOPLIN, EARL			F	LETCHER, TODD	
2000 LEWIS INDUSTRIAL DR.			82 Street A	Address (P.O. Box Number is Not Acceptable)	
HIALEAH, FL			83	000 LEWIS INDUSTRIAL DRIV	/E
JA	CKSONVILLE FL 32205		63		<i>:</i> .
			84 City	71.07.00	85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the at				JACKSONVILLE	FL 32205
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 a cert the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature: typ or or pp. Ed name of registered a	gent and title it applicable (NOTE:	: Registered Agent signature r	adured when remersion	ATE
12,		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELÉTE	1.1 TITLE		Change Addition
NAME	ANGELO, STANLEY JR.		1.2 NAME		
STREET ADDRESS	12401 MCNULTY RD.		1.3 STREET ADORESS		
CITY - ST- ZIP	PHILADELPHIA PA		1.4 CiTY - ST - ZiP		. 17
TITLE	VD	☐ DELETE	21 TITLE		Change Addition
NAME	ANGELO, JOHN		2.2 NAME		
STREET ADDRESS	12401 MCNULTY RD.		2.3 STREET ADDRESS	• .	
CITY-ST-ZIP	PHILADELPHIA PA		2. 4 CITY-ST-ZIP		
TITLE	. VD	DELETE	3.1 TITLE		Change Addition
NAME	ANGELO, RAYMON D.		3.2 NAME		•
STREET ADDRESS	12401 MCNULTY RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		3 4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		İ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<u></u>
TITLE	- 7	☐ DELETE	5.1 TiTLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		[
CITY-ST-ZIP		·	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	·	☐ Change ☐ Addition
NAME			6.2 NAME		·
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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 suppliemental 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.