

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **840330** (5)

1. Corporation Name
FRANK W. HAKE, INC.



Principal Place of Business: **1500 CHESTER PIKE EDDYSTONE PA 19022**
Mailing Address: **1500 CHESTER PIKE EDDYSTONE PA 19022**

3. Date Incorporated or Qualified: **04/03/1978**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **23-1745638**
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

2. Principal Place of Business: 21. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25.
2a. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 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: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. State: **FL** 85. 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	GOHN, PETER	
STREET ADDRESS	2706 BODINE DR	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RITSERT, MARY I	
STREET ADDRESS	147 HILLDALE RD	
CITY-ST-ZIP	LANSLOWNE, PA 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NESTEL, JOSEPH J	
STREET ADDRESS	293 PRISCILLA LANE	
CITY-ST-ZIP	ALDAN PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARRIS, JAMES M	
STREET ADDRESS	2900 LEESBURG DR	
CITY-ST-ZIP	MEMPHIS, TN 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PETRIS, WILLIAM J	
STREET ADDRESS	237 FIFTH AVE	
CITY-ST-ZIP	CHERRY HILL, NJ 00000	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	HAKA II, FRANK W	
STREET ADDRESS	ST PETERS RD	
CITY-ST-ZIP	POTTSTOWN, PA 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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: *[Signature]* DATE: **4/12/96** **60876922**

CR2E034 (12/95)