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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 840330

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



DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------|-------------------------|---|--|----------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 4. FEI Number | Applied For |
| 21 | 26 | 04/03/1978 | 23-1745638 | Not Applicable |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| 23. City & State | 28. City & State | 6. Election Campaign Financing | \$5.00 May Be Added to Fees | |
| 24. Zip | 29. Zip | 7. Trust Fund Contribution | | |
| 25. Country | 30. Country | 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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 | V <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRICE, JAMES | 1.2 NAME | |
| STREET ADDRESS | 2706 BODINE DR 1500 Chester Pike | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WILMINGTON DE Eddystone, PA 19022 | 1.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HANSEN, KNUD | 2.2 NAME | |
| STREET ADDRESS | 147 HILLDALE RD 1500 Chester Pike | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LANGSDOWNE, PA 00000 Eddystone, PA 19022 | 2.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SEGAL, ALAN | 3.2 NAME | |
| STREET ADDRESS | 203 PRISCILLA LANE 1500 Chester Pike | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALDAN PA Eddystone, PA 19022 | 3.4 CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LERARIO, CAROLYN | 4.2 NAME | |
| STREET ADDRESS | 2000 LEESBURG DR 1500 Chester Pike | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MEMPHIS, TN 00000 Eddystone, PA 19022 | 4.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PETRIS, WILLIAM J | 5.2 NAME | |
| STREET ADDRESS | 237 FIFTH AVE 1500 Chester Pike | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHERRY HILL, NJ 00000 Eddystone, PA 19022 | 5.4 CITY-ST-ZIP | |
| TITLE | PTD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAKE II, FRANK W | 6.2 NAME | |
| STREET ADDRESS | ST PETERS RD 1500 Chester Pike | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROTTSTOWN, PA 00000 Eddystone, PA 19022 | 6.4 CITY-ST-ZIP | |

14. 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 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, with all other like empowered.

SIGNATURE: Caroline K. [Signature] DATE: 2-22-99 DAYTIME PHONE #: 610-876-9292

CR2E034 (1/98)