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

**PROFIT CORPORATION** ANNUAL REPORT

1998

ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

PAUL BELLACK, INC.

,是是不是一个,我们就是一个一个,我们是一个,我们是一个,我们是一个,我们是一个,我们也不会有一个,我们也不会有一个,我们也不会会看到了一个,我们也可以是一个, "我们就是我们是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,

**FILED** Apr 09 1998 8:00am Secretary of State



Principal Place of Business				Mailing Address					s tandide instruments minim tinte ta	TAR AREL RIVER DIS	)   <b>  </b>	INTERNITATION
141 NORTH 4TH STREET PHILADELPHIA PA 19106			•	141 NORTH 4TH STREET PHILADELPHIA PA 19106								
TIBLINGS TRAITS TOTOS			•	PRICADELPRIA PA 18100					DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualif	ied		
								1	10/02/1979			ì
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			Applied For
21				26					23-2115629			Not Applicable
Suite, Apt. #, etc				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional
22				27					b. Certificate of Status Desired		Fee	Required
City & State				City & State					6. Election Campaign Financin	ıg	\$5.0	O May Be
23			28	28				Trust Fund Contribution			d to Fees	
Zip	Zip Country			Zip			,	17	8. This corporation owes or has paid the current year Intangible			
24	25	25 29 30						Personal Property Tax due June 30. Yes No				
	9. Name and	Address of Curr	ent Regisi	ered Agent		L.,	r		0. Name and Address of Nev	√ Registered	I Agent	
CT	CORPORATIO	n system				B1	Name					Į
1200 S. PINE ISLAND ROAD						82	82 Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324												
						83						
						84	City				. 85 Zir	p Code
							Oy			FI	Ĺ  ~~  <sup></sup> '	
11. Pursuant office or ragent La	to the provisions registered agent, im familiar with, a	of Sections 607.05 or both, in the Sta nd accept the obl	502 and 60 te of Floric igations of	07,1508, Florida S la Such change v Section 607,050	tatutes, the a was authorize 5, Florida Sta	bove d by	e-named the corp s.	d corporal poration's	tion submits this statement for s board of directors. I hereby a	he purpose ccept the ap	of changing pointment a	its registered as registered
SIGNATURE		nled name of registered a			more of the					DATE		
12.	Signature, typed or prin	OFFICERS A			(NOTE: Register		ent signature	e required wi	ADDITIONS/CHANGES TO C		ID DIBECTO	DRS IN 12
TITLE	PD	OTTOE NO A	WEST THINK C	DELETE				PD	ADDITIONS/OFFAITGES TO C	TTOLIGITIO	Change	
NAME	BELLACK, PAUL G.			_			NAME CVAT		hin A Ballank		<u> </u>	
STREET ADDRESS	141 N. 4TH						ADDRESS	141 A	1.4257			\ \
CITY-ST-ZIP	1	PHILADELPHIA PA				1.3 STREET ADDRESS 74 1.4 CITY-ST-ZIP 7		R:C	ay Pa. 19106			[
TITLE		STD Z DELE				2.1 FITLE			)		Change	Addition
NAME	BELLACK, PAUL G.				22 NAME		Cont	hie A. Bellack I. 442 St la, Pa. 19106				
STREET ADDRESS	141 N. FOU						ADDRESS	L	r 44 ST			ļ
	PHILADELPI				1		1	1 26 C	Pa. 19106			Ì
CITY-ST-ZIP TITLE	THEOREM IN TO		DELETE			ST-ZIP	1 1011	7		Change	e Addition	
NAME	STEZZI, JOS	REPH M			3.2)			1			onangu	
	141 N. FOU				i		*DODECC					.
STREET ADDRESS	PHILADELPI						ADDRESS	ľ				ļ
CITY-ST-ZIP	- CHILAUCUFI	no ra		DELETE			ST-ZIP	<del> </del>	<del></del>		Change	Addition
TITLE											change	, L ADDIIIOII
NAME	I				4.2	NAME		1				

CITY-ST-ZIP 14. Thereby 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 origination 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 chapted, or on an attaction of the origination of 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 chapted, or on an attaction of the origination of the origination of the receiver of the origination of the origination

4.3 STREET ADORESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELFTE

DELETE

(245)923-7576

Change

Addition

\_\_\_ Addition