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FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 844279 (0)

1. Corporation Name
PAUL BELLACK, INC.



Principal Place of Business 141 NORTH 4TH STREET PHILADELPHIA PA 19106	Mailing Address 141 NORTH 4TH STREET PHILADELPHIA PA 19106
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/02/1979	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 23-2115629	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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.
 84. City **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BELLACK, PAUL G.	
STREET ADDRESS	141 N. 4TH ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BELLACK, PAUL G.	
STREET ADDRESS	141 N. FOURTH ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STEZZI, JOSEPH M.	
STREET ADDRESS	141 N. FOURTH ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cynthia A. Bellack	
1.3 STREET ADDRESS	141 N. 4th St.	
1.4 CITY-ST-ZIP	Phila, Pa. 19106	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cynthia A. Bellack	
2.3 STREET ADDRESS	141 N. 4th St.	
2.4 CITY-ST-ZIP	Phila, Pa. 19106	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Joseph M. Stezzi* **Joseph M. Stezzi** 4/3/98 (215) 923-7570

CR2E034 (10/97)