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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 852332

(6)

AMERICAN REFRACTORIES COMPANY

Principal Place of Business Mailing Address									
1250 CLARION STREET 1250 CLARION STREET READING PA 19601-1712 READING PA 19601-171.			!						
						3. Date Incorporated or Qualifier 03/25/1982	l l	te of Last Ro 24/1996	eport
2. Principal F	lace of Business	2e. Mailir	ng Address			4. FEI Number		<u> </u>	plied For
21	B . 1	26	. Apt. #, etc.			23-1739386			t Applicable
Suite Apt	# €(U)	27	, дрг. #, екс.			5. Certificate of Status Desired		\$8.75 A Fee Re	
22 City & Stat			& State			6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added to	
Zφ	Couetry	Zip		Countr	У	8. This corporation has liability (or intangible	tax under s.	199.032,
24	25	29		30	··-···	Florida Statutes		No	
	9. Name and Address of Curre	nt Registered	Agent			10. Name and Address of New	Registered A	<u>lgent</u>	
	CORPORATION SYSTEM			81	Name				
1200 S. PINE ISLAND ROAD				82	Street Add	dress (P.O. Box Number is Not Accep	(able)		
PL/	ANTATION FL 33324			83					
				88	'				
				84	City		FL	85 Zip (Code
44 Thus	Is her on it are of Contains 607 of	02 and 207 110	10 Llorida Stat	dan the obes	L named on	rporation submits this statement for the		obonging it	e registered
office or	registered agent, or both, in the State	e o f Florida. Su	ich change was	authorized b	by the corpora	ation's board of directors. I hereby ac	cept the app	ointment as	registered
agent La	ara fam ear with, and accept the obliç	gations of, Sect	ion 607.0505, I	·lorida Statute	3\$.				:
SIGNATURE	Signature 450, 4 or printed name of regrice of te	on a al the it angle	anle (Ni	If Registered Ac	nent signature rec	Jired when reinstating)	DATE		
12.		D DIRECTORS		13.	, , , , , , , , , , , , , , , , , , , ,	ADDITIONS/CHANGES TO OF		DIRECTOR	S IN 12
1016	CEOD	, —	DELFTE	1,1 TITLE				Change	Addition
NAME	PERELMAN, R G			1.2 NAME	: 1				
STREET ADDRESS	225 CITY LINE AVE.			1.3 STREE	T ADDRESS				
C 1Y - S7 - 2/P	ATLANTIC CITY NJ 08401			1,4 CITY-	S1 - ZIP				
1ITLE	P		DELFTE	2.1 TITLE			,	Change	Addition
NAME	KATZ, B L			2.2 NAME					
STREET ADDRESS	225 CITY LINE AVE			2.3 STREE	ET ADDRESS				
C TY-\$1-7(P	BALA CYNWYD PA 19004			2. 4 CITY	- ST - ZIP				
THLE	VTD		DETELE	3.1 TITLE				Change	Addition
MAV:	CULL, M J			3.2 NAME					
STREET ADDRESS				3.3 STREE	T ADDRESS				
COY-S1-7IP	BALA CYNWYD PA 19004	.,	T 55.555	3.4 CITY	·			7-1-2	
THE	S		DETELE	4.1 TITLE				L Change	Addition
NAVr	CONLEY, M			4. 2 NAM					
STREET ADDRESS					1 ADDRESS				
Crity - \$1 - 749	BALA CYNWYD PA 19004		Z DELETE	4.4 CITY-				Change	Addition
Tille	AT TETLAK O		LES DELETE	5 1 TITLE	- 1			L. J Undrige	Magagan
NAME SCOVALL MARKET	TETLAK, G			5.2 NAME					
STREET ADDRESS	1250 CLARION ST				ET ADDRESS				
CHY-ST-769 Total	READING PA 19601 D		DELETE	5.4 CITY 6.1 TITLE				Change	Addition
NAME	PERELMAN, RUTH		Land project to the	6.2 NAME					
STREET ADDRESS	440 0 N 454 DI 405			1	ET ADDRESS				
				- 00 0 1 NE					

64 CITY - ST - ZIP 14. I do hereby certry that the information supplied with this filling 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 if an an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

ATLANTIC CITY NJ 08401

Michael J. Cull, Treasurer 2/24/97

FILED

Mar 04 1997 8:00am

Secretary of State