


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 853202 (0) 1. Corporation Name HAJOCA CORPORATION			
Principal Place of Business 127 COULTER AVE ARDMORE PA 19003 US		Mailing Address 127 COULTER AVE ARDMORE PA 19003 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		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 84 City 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	C	<input type="checkbox"/> DELETE	
NAME	COLBURN, KEITH W		
STREET ADDRESS	555 SKOKIE BLVD., SUITE 555		
CITY - ST - ZIP	NORTHBROOK IL		
TITLE	VT	<input checked="" type="checkbox"/> DELETE	
NAME	CALLAHAN, THOMAS P		
STREET ADDRESS	RD #1 BOX 352		
CITY - ST - ZIP	MALVERN, PA 00000		
TITLE	AT	<input type="checkbox"/> DELETE	
NAME	PLUNKETT, MICHAEL K.		
STREET ADDRESS	127 COULTER AVE.		
CITY - ST - ZIP	ARDMORE PA		
TITLE	PS	<input checked="" type="checkbox"/> DELETE	
NAME	PARSONS, ROBERT F		
STREET ADDRESS	930 MONTGOMERY AVE		
CITY - ST - ZIP	BRYN MAWR, PA 00000		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	PAPPO, CHRISTOPHER		
2.3 STREET ADDRESS	127 COULTER AVE.		
2.4 CITY - ST - ZIP	ARDMORE, PA. 19003		
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	RICHARD KLAU		
4.3 STREET ADDRESS	127 COULTER AVE.		
4.4 CITY - ST - ZIP	ARDMORE, PA. 19003		
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			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/18/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 23-2203401	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

14. I do 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: _____

7/24/97

110-646 113

CR2E034 (4/97)