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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

21 26 59-228332 Not A Suite, Apt. #, etc. 22 27 5. Certificate of Status Desired Fee Requ City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fee Requ 23 28 7. Country 8. This corporation has liability for intangible tax under s. 16 24 25 29 30 Florida Statutes Pyes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM	ed For pplicable litional ired uy Be
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CAAA AALIMI MILIF IALIAH BALB	
PLANTATION FL 33324	
84 City FL 85 Zip Co	
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 reoffice 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 required.	gistered istered
agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.	
SIGNATURE Signature: typed or proced name of registered agent and title # applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P DELETE 1.1 TITLE	N 12 Addition
NORINS, ROBERT A. 1.1 TITLE L. Change [Advision
STREET ADDRESS 11 SIGNAL HILL ROAD 1.3 STREET ADDRESS	
CITY-ST-ZIP VOORHEES NJ 1.4 DITY-ST-ZIP	
	Addition
NAME NORINS, ESTHER 22 NAME	1
STREET ADDRESS 11 SIGNAL HILL ROAD 23 STREET ADDRESS VOORHEES NJ 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP	
	Addition
NAME MASSARO, PAUL J. 3.2 NAME	
STREET ADDRESS 130 N. DEVON DRIVE 3.3 STREET ADDRESS	
CITY-ST-ZIP EXTON PA 3.4. CITY-ST-ZIP	Addition
NAME MALLENBAUM, DAVID 4.2 NAME	- Addition
STREET ADDRESS 1439 LEXINGTON DRIVE 4.3 STREET ADDRESS	
CITY-ST-ZIP MAPLE GLEN PA 44 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Change [Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP	1
	Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.4. 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

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 31 1997 8:00am