

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

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000000348 (3)**

1. Corporation Name
PENN INDEPENDENT CORPORATION

Principal Place of Business

**420 S. YORK ROAD
HATBORO PA 18040**

Mailing Address

**420 S. YORK ROAD
HATBORO PA 18040-3949**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/25/1993		3a. Date of Last Report 03/19/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 23-1997046		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARL DOMINO ASSOCIATES, L.P. 580 VILLAGE BOULEVARD, SUITE 225 WEST PALM BEACH FL 33409				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALTZMAN, IRVIN			1.2 NAME			
STREET ADDRESS	8818 SE NORTH PASSAGE WAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	TEQUESTA FL 33469			1.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WESLEY, BOBBIE M.			2.2 NAME			
STREET ADDRESS	356 W. GLENSIDE AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	GLENSIDE PA			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEAR, ROBERT A			3.2 NAME			
STREET ADDRESS	3689 MARKHAM DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	BENSALEM PA 19020			3.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALTZMAN, JON S.			4.2 NAME			
STREET ADDRESS	2331 WINTERREEN LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	JAMISON PA			4.4 CITY-ST-ZIP			
TITLE	DVS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEERIN, JAMES E JR			5.2 NAME			
STREET ADDRESS	3011 SYCAMORE ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	HUNTINGDON VALLEY PA 19006			5.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALTZMAN-LEVY, JAMI			6.2 NAME			
STREET ADDRESS	257 STANFORD PLACE			6.3 STREET ADDRESS			
CITY-ST-ZIP	NEWTOWN PA			6.4 CITY-ST-ZIP			

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:  **REQUIRED** 4/22/97 215-443-3665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)