

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

FILED  
Jan 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000000348 (3)

1. Corporation Name

PENN INDEPENDENT CORPORATION

Principal Place of Business

420 S. YORK ROAD  
HATBORO PA 19040

Mailing Address

420 S. YORK ROAD  
HATBORO PA 19040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/25/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-1997046	
24 Country		30 Country		Applied For	
				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	

9. Name and Address of Current Registered Agent

CARL DOMINO ASSOCIATES, L.P.  
580 VILLAGE BOULEVARD, SUITE 225  
WEST PALM BEACH FL 33409

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

Signature, typed or printed name of registered agent and title if applicable

(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	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALTZMAN, IRVIN	1.2 NAME	E. Anthony Saltzman
STREET ADDRESS	8818 SE NORTH PASSAGE WAY	1.3 STREET ADDRESS	3 White Birch Lane
CITY-ST-ZIP	TEQUESTA FL 33469	1.4 CITY-ST-ZIP	Horsham, PA 19044
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESLEY, BOBBIE M.	2.2 NAME	Liane Anderson
STREET ADDRESS	956 W. GLENSIDE AVENUE	2.3 STREET ADDRESS	1257 Bel Aire Avenue,
CITY-ST-ZIP	GLENSIDE PA	2.4 CITY-ST-ZIP	Aberdeen, WA 98520
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEAR, ROBERT A	3.2 NAME	Jan-Carol Saltzman
STREET ADDRESS	3889 MARKHAM DRIVE	3.3 STREET ADDRESS	614 S. York Road
CITY-ST-ZIP	BENSALEM PA	3.4 CITY-ST-ZIP	Hatboro, PA 19040
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTZMAN, JON S.	4.2 NAME	James E. Heerin
STREET ADDRESS	2331 WINTERREEN LANE	4.3 STREET ADDRESS	765 Lullwater Road
CITY-ST-ZIP	JAMISON PA	4.4 CITY-ST-ZIP	Atlanta, GA 30307
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 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.

CR2E034 (10/97)