

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

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90102 047 ***150.00

DOCUMENT # F93000000348

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

3. Date Incorporated or Qualified

01/25/1993

4. FEI Number

23-1997046

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SALTZMAN, IRVIN	
STREET ADDRESS	8818 SE NORTH PASSAGE WAY	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WESLEY, BOBBIE M.	
STREET ADDRESS	356 W. GLENSIDE AVENUE	
CITY-ST-ZIP	GLENSIDE PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEAR, ROBERT A	
STREET ADDRESS	3689 MARKHAM DRIVE	
CITY-ST-ZIP	BENSALEM PA	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	HEERIN, JAMES E	
STREET ADDRESS	765 LULLWATER RD	
CITY-ST-ZIP	ATLANTA GA 30307	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	HEERIN, JAMES E JR	
STREET ADDRESS	3011 SYCAMORE ROAD	
CITY-ST-ZIP	HUNTINGDON VALLEY PA 19006	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SALTZMAN-LEVY, JAMI	
STREET ADDRESS	257 STANFORD PLACE	
CITY-ST-ZIP	NEWTOWN PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jason M. Waksman	
1.3 STREET ADDRESS	24 W. Elizabeth Lane	
1.4 CITY-ST-ZIP	Richboro, PA 18954	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jon S. Saltzman	
2.3 STREET ADDRESS	2331 Wintergreen Lane	
2.4 CITY-ST-ZIP	Jamison, PA 18929	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	E. Anthony Saltzman	
3.3 STREET ADDRESS	3 White Birch Lane	
3.4 CITY-ST-ZIP	Horsham, PA 19044	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Liane Anderson	
4.3 STREET ADDRESS	1257 Bel Aire Avenue	
4.4 CITY-ST-ZIP	Aberdeen, WA 98520	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jan carol Saltzman	
5.3 STREET ADDRESS	614 S. York Road	
5.4 CITY-ST-ZIP	Hatboro, PA 19040	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Edward Levy	
6.3 STREET ADDRESS	257 Stanford Place	
6.4 CITY-ST-ZIP	Newtown, PA 18940	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wesley M. Bobb

4/12/99

Date

215 443-3545

Daytime Phone #

CR2E034 (11/98)