## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

F9300001502 (4) **DOCUMENT #** Corporation Name

## YARDLEY HOLDINGS COMPANY

Mailing Address Principal Place of Business 729 BENJAMIN FOX PAVILION 729 BENJAMIN FOX PAVILION JENKINTOWN PA 19046 JENKINTOWN PA 19046 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 03/25/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 23-2694850 26 21 \$8.75 Additional Suite Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired 22

27 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Ζıρ Country ☐ Yes No Florida Statutes 29 30 25 24 10 Name and Address of New Registered Agent Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. **PLANTATION FL 33324** 

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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. Thereby accept the appointment as registered agent. Lami familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.

12.	OFFICERS AND DIRECTORS .		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TIFLE	STD	DELETE.	1. 1 TITLE	☐ Change	☐ Addition
NAME	NORELLI, LOUIS A		1.2 NAME		
STREET ADDRESS	729 BENJAMIN FOX PAVILION		1.3 STREET ADDRESS		
CITY-ST-ZIP	JENKINTOWN PA 19046		1 4 CiTY - ST - ZiF		
TITLE	PO	☐ DELETE	2 1 TITLE	Change	Addition
NAME	CARR, SIDNEY L		2.2 NAME		
STREET ADDRESS	729 BENJAMIN FOX PAVILION		2.3 STREET ADDRESS		
CITY - ST - ZIP	JENKINTOWN PA 19046		2 4 CITY - ST - ZIP		
THUE		DELETE	3 1 TITLE	Change	Add-tion
NAMÉ			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		F7 112
TITLE		☐ DELETE	4 1 TITLE	Change	Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST-ZIP			4.4 City - St - ZiP		
TITLE		☐ DELETE	5 1 TITLE	0000018087 <b>86</b> °	Addition
NAME			5.2 NAME	-05/06/9601029013	
STREET ADDRESS			5.3 STREET ADDRESS	***200.00	
CITY - ST-ZIP			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 THILF	Change	: Addition
NAMÉ			6.2 NAME		× 1/9
STREET ADDRESS			6 3 STREET ADDRESS		~ ~ \ «
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6 4 CITY - ST - 7IP 14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 attach nent with an address CITY - ST - ZIP

SIGNATURE:

Trues ll SIGNATURE AND TYPED OR PRINTED NAME LOUIS A. NORELLI

215-886 2300

Applied For

Fee Required

Not Applicable