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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 27 1998 8:00am Secretary of State

	1998	DIVISION OF CO	PRPORATIONS		
pocul	MENT # F93000	0001595 (8)			
	n Name R MANAGEMENT COMPANY	, ,			
	_				
Principal Plac	e of Business	Mailing Address			EL 11071 ELILLE 19181 ELILL 1811
1869 CHARTER LANE P.O. BOX 10637		*			
LANCASTER PA 17601 LANCASTER PA 17605-			ı	DO NOT WRITE IN THIS	SPACE
i		•		3. Date incorporated or Qualified	0.7102
				04/01/1993	
─		2a. Mailing Address		4. FEI Number 23-2672788	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	в	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution This corporation owes or has paid the cu	Added to Fees
24	25	29 3	0		Yes X No
	9, Name and Address of Currer		and it	10. Name and Address of New Registered	Agent
KIRK PINKERTON, A PROFESSIONAL ASSOCIATION ** PHILLIP A. WOLFE, ESQ.			81 Name		
720 S. ORANGE AVENUE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34236			83		
			84 City		85 Zip Code
	10	1007 4500 Florida Octobril		FL	• T T T T T T T T T
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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent. i a SIGNATURE	im ramiliar with, and accept the oblig	ations of, Section 507.0505, Fiore	ga Statutes.		
	Signature, typed or printed name of registered ag-		Registered Agent signature requir		
12.	OF FICERS AN	D DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
NAME	FISHER, J. HERBERT JR.		1.2 NAME		
STREET ADDRESS	1869 CHARTER LANE		1.3 STREET ADDRESS		(8
CITY-ST-ZIP	LANCASTER PA 17601		1.4 CITY - ST - ZIP		<u> </u>
TITLE	GOSS, DOUGLAS D	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	1869 CHARTER LANE		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	LANCASTER PA 17601		2.4 City-St-ZiP		
TITLE	T	DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME	JORDAN, DENNIS W		3.2 NAME		
STREET ADDRESS	1869 CHARTER LANE LANCASTER PA 17601		3.3 STREET ADDRESS		1
CITY-\$T-ZIP TITLE	DANICASTER PA 17001	DELETE	3 4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4.2 NAME		C Change C Radillon
STREET ADDRESS			4.3 STREET ADDRESS		
_CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		Ì
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		}
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied w	ith this filing does not qualify for t	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further of	ertify that the information

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 trustoee 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:

Herbert Trate

3/23/98

(717) 399-0200