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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

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| | ONSTRUCTORS OF DELA | Mailing Address | | | | | | |
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| incipal Place of | | · · | | | | | | |
| 3 GATEWAY (STE 1190 | CTR | 3 GATEWAY CTR STE 1190 | | | | | | |
| PITTSBURGH | PA 15222 | PITTSBURGH PA 1 | 5222 | | 3. Date Incorporated or Qualified | 3a. Date | of Last Re | port |
| US | | US | | | 05/03/1993 | | 04/04/19 | 95 |
| Principal Place | e of Business | 2a. Mailing Address | | | 4. FEI Number | | <u> </u> | upplied For |
| · | | 26 | ., | | 63-1070597 | | | lot Applicat |
| Suite, Apt. #, | etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | * | Additional Required |
| Oit. 9 Ctata | | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| City & State | | 28 | | | Trust Fund Contribution | | Added | to Fees |
| Z ip | Country | Zip | Country | | B. This corporation has liability fo | r intangible ta | ax under s | 199.032, |
| | 25 | 29 | 30 | | Florida Statutes Ye 10. Name and Address of New | S No | Agent | |
| | 9. Name and Address of Curre | nt Registered Agent | 81 | Name | 10. Name and Address of New | Hegistered | Agent | |
| | | | | | | | | |
| | RPORATION SYSTEM | | 82 | Street Addr | ress (P.O. Box Number is Not Accepta | abie) | | |
| | PINE ISLAND RD. | | 83 | | | | | |
| PLANIA | TION FL 33324 | | | | | | OF 7: | o Code |
| | | | 84 | City | | FL | 85 Zip | Code |
| or registered familiar with, | the provisions of Sections 607.050 d agent, or both, in the State of Flor , and accept the obligations of, Sec | ction 607,0005, Florida State | iles. | | | DATE | | |
| or registered familiar with GNATURE Si | , and accept the obligations of, Sec gnature, lyned or printed name of registered ager OFFICERS AN | nt and title if applicable ND DIRECTORS | (NOTE: Registereo Ager | | | DATE FFICERS AN | D DIRECTO | |
| or registered familiar with GNATURE Si | , and accept the obligations of, Sec gnature, typed or printed name of registered age: OFFICERS AN | nt and title if applicable | (NOTE: Registereo Ager | | co when remstating) | DATE FFICERS AN | | |
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