

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000002794 (6)**

1. Corporation Name
ACHILLES REALTY COMPANY



Principal Place of Business	Mailing Address
C/O ST. JOHN HOLDINGS, INC. 320 KING OF PRUSSIA RD. RADNOR PA 19087	C/O ST. JOHN HOLDINGS, INC. 320 KING OF PRUSSIA RD. RADNOR PA 19087

3. Date Incorporated or Qualified 06/10/1993	3a. Date of Last Report 05/18/1995
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

4. FEI Number 23-2718074	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RUSSELL, GREGORY J		12 NAME				
STREET ADDRESS	320 KING OF PRUSSIA RD.		13 STREET ADDRESS				
CITY-ST-ZIP	RADNOR PA 19087		14 CITY-ST-ZIP				
TITLE	EVP	<input type="checkbox"/> DELETE	2 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	QUIGG, MICHAEL J		2 2 NAME				
STREET ADDRESS	320 KING OF PRUSSIA RD.		2 3 STREET ADDRESS				
CITY-ST-ZIP	RADNOR PA 19087		2 4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	3 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FENKELL, DAVID B		3 2 NAME				
STREET ADDRESS	320 KING OF PRUSSIA RD.		3 3 STREET ADDRESS				
CITY-ST-ZIP	RADNOR PA 19087		3 4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	4 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	OLIPHANT, BRENDA J		4 2 NAME				
STREET ADDRESS	320 KING OF PRUSSIA RD.		4 3 STREET ADDRESS				
CITY-ST-ZIP	RADNOR PA 19087		4 4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	5 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRIMM, KATHLEEN M		5 2 NAME				
STREET ADDRESS	320 KING OF PRUSSIA RD.		5 3 STREET ADDRESS				
CITY-ST-ZIP	RADNOR PA 19087		5 4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6 1 TITLE	VP/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			6 2 NAME	HILTWINE, JOSEPH			
STREET ADDRESS			6 3 STREET ADDRESS	320 KING OF PRUSSIA ROAD			
CITY-ST-ZIP			6 4 CITY-ST-ZIP	RADNOR, PA 19087			

14. I 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 attachment with an address.

SIGNATURE: *Michael J. Quigg* **Michael J. Quigg** **4/29/96** **610-964-8722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)