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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000003453 (8)

Mar 13 1998 8:00am Secretary of State

**FILED** 

CAPITA	A CORPORATION				
Principal Plac	co of Business	Mailing Address			T TOURINGE THE INCOMESTING ONLY BOTH COLUMN STATE COLUMN CHAIL OTHER THIS INCOMES
1013 CENTRE ROAD 1013 CENTRE ROAD					
SUITE 350		SUITE 350	SUITE 350		
WILMINGTON DE 19805		WILMINGTON DE 19805 US			DO NOT WRITE IN THIS SPACE
03		05			3. Date Incorporated or Qualified 07/28/1993
2. Principal Place of Business		28. Mailing Address			4. FEI Number Applied For
21		26			13-3728194 Not Applicable
Suite, Apt #, etc		Suite, Apt #, etc.			¢0.7E
22		[27]			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
Zip Country		28]			Trust Fund Contribution Added to Fees
24	Country	Zφ	Count	ry	8. This corporation owes or has paid the current year Intangible
[24]	25 25 9. Name and Address of Current	29  Registered Agent	[30]	·····	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
UNITED STATES CORPORATION COMPANY				1 Name	
	101 HAYES ST.	7441 73111		O Chron A	Address (D.O. Davidson in Mark Association)
STE. 105			8	Street A	Address (P.O. Box Number is Not Acceptable)
	LLAHASSEE FL 32301		8	3	
			8	4 City	lac   7in Code
				- 1	FL 85 Zip Code
11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida, Such change was authorize agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Sta				ve-named o	corporation submits this statement for the purpose of changing its registered
agent. I a	am familiar with, and accept the obliga	bons of, Section 607,0505, F	torida Statut	os.	poration's board of directors. Thereby accept the appointment as registered
SIGNATURE					
12.	Signature: typed or printed halfselof region teal age: OFFICERS ANE		II. Registered A	gent signature re	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTO OFFICE AS AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	POPEO, WILLIAM G		1.2 NAM	1	i Shange Li Addition
STREET ADDRESS	206 SOUTH RD.			ET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19809		1.4 CITY		
TITLE	VPS	DELETE	2.1 TITLE	<u> </u>	☐ Change ☐ Addition
NAME	DESCANO, NANCY E		2.2 NAMI		
STREET ADDRESS			2.3 STRE	T ADORESS	
CITY-ST-ZIP	The state of the s		2. 4 CITY - ST - ZIP		<u> </u>
THTLE	D	DELETE	3 1 TITLE		Change Addition
NAME	BUTLER, DANIEL R		3.2 NAME		
STREET ADDRESS	216 HIGHLAND AVE.		3 3 STREE		
CITY - ST - ZIP	WALLINGFORD PA 19086	DELETE	3.4. CHTY	- ST - ZIP	
TITLE NAME	D WINN, BRUCE	L'1 httilt	41 TITLE	.	☐ Change ☐ Addition
STREET ADDRESS	25 GATES CIRCLE		4 2 NAME 4 3 STREET ADDRESS		
	HOCKESSIN DE 19707				
CITY-ST-ZIP TITLE	TIOCKEGOIN DE 19707	DELETE	4.4 C(TY-	S1-ZIP	Change Addition
NAME	Lisa G. Mulliga.	r VP	5.1 HILL		Crisingo Addinion
STREET ADDRESS	1013 Centre Rd, #			T ADDRESS	
City-St-ZiP	Wilmington De		5.4 City - St - ZiP		
TOTLE			6.1 T(T).F	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME	Many T. Flowe 1013 Center Rd # Uninstan De 1	IS UP	6.2 NAME		
STREET ADDRESS	1013 Center Rd #	350 Ass, Sec	6.3 STREE	T ADDRESS	
CITY-ST-ZIP	Wilmington De 1	3805	6.4 CITY-	ST-ZIP	

14. I boreby 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify 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 all achiment with an address

SIGNATURE:

\*\*The Company of the certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I fu