## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Mailing Address

1305 CATFISH LANE

NORRISTOWN PA 19403

PROFIT
CORPORATION
ANNUAL REPORT

1



FLORIDA DEPARTMENT OF STATE

**FILED** 

Aug 25 1997 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3a. Date of Last Report

01/24/1996

3. Date Incorporated or Qualified

7/3/167

05/24/1994

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400002695 (4)

NAT-BROWN, INC.

Principal Place of Business

1305 CATFISH LANE

NORRISTOWN PA 19403

1997

2. Principal Place of Business 2a. Mailing Address 4. FEI Number New Applied For 21 26 <del>-23-2552934</del>/23-2853569 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 82 PLANTATION FL 33324 **B3** City 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 Signature, typed or printed name of registered againt and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.5 THUE BROWN, JAMES R NAME 1.2 NAME 4007 N. WARNER RD. STREET ADDRESS 1.3 STREET ADDRESS LAFAYETTE HILL PA 19444 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE WHITAKER, THOMAS A NAME 2.2 NAME 238 HEILIG ROAD STREET ADDRESS 2.3 STREFT ADDRESS SEWELL NJ 08080 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE HALL, MICHAEL G NAME 3.2 NAME **540 EAST MACADA ROAD** STREET ADDRESS 3.3 STREET ADDRESS **BETHLEHEM PA 18017** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change TITLE 41 TITLE ☐ Addition KURTZ, JOHN R 4. 2 NAME 308 S. TROOPER RD. STREET ADDRESS 4.3 STREET ADDRESS NORRISTOWN PA 19403 CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE CACCHIO, JOSEPH J. NAME 5.2 NAME **6**05 RADCLIFFE COURT STREET ADDRESS 5.3 STREET ADDRESS **NEWTOWN SQUARE PA** CITY-\$T-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITI F 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.9 STREET ADDRESS** CITY - ST - ZIP 64 City-St-ZIP 14. I do 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 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.

John R Kimorz