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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 10 PM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004923 (8)**

1. Corporation Name
FAGEN'S INC.

Principal Place of Business Mailing Address
**9000 BROOKTREE RD.
P.O. BOX 659
WEXFORD PA 15090** **9000 BROOKTREE RD.
P.O. BOX 659
WEXFORD PA 15090**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
09/22/1994

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 25. Country 28. Zip 29. Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

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 agent and title if applicable.

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTDC
NAME	FAGEN, JACK
STREET ADDRESS	9000 BROOKTREE RD.
CITY - ST - ZIP	WEXFORD PA 15090
TITLE	V
NAME	BAUER, DAVID
STREET ADDRESS	9000 BROOKTREE RD.
CITY - ST - ZIP	WEXFORD PA 15090
TITLE	S
NAME	VARGO, SAMUEL J
STREET ADDRESS	9000 BROOKTREE RD.
CITY - ST - ZIP	WEXFORD PA 15090
TITLE	D
NAME	SCHAFER, SEYMOUR J
STREET ADDRESS	9000 BROOKTREE RD.
CITY - ST - ZIP	WEXFORD PA 15090
TITLE	D
NAME	PASHEL, GEORGE
STREET ADDRESS	9000 BROOKTREE RD.
CITY - ST - ZIP	WEXFORD PA 15090
TITLE	D
NAME	WARDEN, GARVIN
STREET ADDRESS	9000 BROOKTREE RD.
CITY - ST - ZIP	WEXFORD PA 15090

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 in an attachment with an address.

SIGNATURE:

Samuel J. Vargo, Secy.

3/6/95 (412) 935-3700

SIGNATURE AND TYPED (OR PRINTED) NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #