FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000004923 (8)**

1. Corporation Name

FAGEN'S INC.

Principal Place of Business	Mailing Address
9000 BROOKTREE RD. P.O. BOX 658 WEXFORD PA 15090	9000 BROOKTREE RD. P.O. BOX 658 WEXFORD PA 15090

3. Date Incorporated or Qualified: **09/22/1994**
3a. Date of Last Report: **03/10/1995**
4. FEI Number: **25-1482089** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 **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 _____ (NOTE: Registered Agent's signature required if Item 9 is completed) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTDC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FAGEN, JACK		1.2 NAME	
STREET ADDRESS	9000 BROOKTREE RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEXFORD PA 15090		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BAUER, DAVID		2.2 NAME	
STREET ADDRESS	9000 BROOKTREE RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEXFORD PA 15090		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VARGO, SAMUEL J		3.2 NAME	
STREET ADDRESS	9000 BROOKTREE RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEXFORD PA 15090		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHAFER, SEYMOUR J		4.2 NAME	
STREET ADDRESS	9000 BROOKTREE RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEXFORD PA 15090		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PASHEL, GEORGE		5.2 NAME	
STREET ADDRESS	9000 BROOKTREE RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	WEXFORD PA 15090		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WARDEN, GARVIN		6.2 NAME	
STREET ADDRESS	9000 BROOKTREE RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	WEXFORD PA 15090		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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.

SIGNATURE: _____ Samuel J. Vargo, Sec'y. 2/8/96 (412) 935-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #