


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

000763

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90012 017 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # F94000004923 ✓

1. Corporation Name
FAGEN'S INC.



Principal Place of Business 9000 BROOK TREE ROAD PO BOX 658 ATTENTION: LIZ AFFUSO WEXFORD PA 15090 US	Mailing Address 9000 BROOKTREE RD. P.O. BOX 658 WEXFORD PA 15090
---	---

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/22/1994	
4. FEI Number 25-1482089	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTDC	<input type="checkbox"/> DELETE
NAME	FAGEN, JACK	
STREET ADDRESS	9000 BROOKTREE RD.	
CITY-ST-ZIP	WEXFORD PA 15090	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MASSAGLIA, LOU	
STREET ADDRESS	9000 BROOKTREE RD.	
CITY-ST-ZIP	WEXFORD PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VARGO, SAMUEL J	
STREET ADDRESS	9000 BROOKTREE RD.	
CITY-ST-ZIP	WEXFORD PA 15090	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LHORMER, BARRY	
STREET ADDRESS	9000 BROOKTREE ROAD	
CITY-ST-ZIP	WEXFORD PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PASHEL, GEORGE	
STREET ADDRESS	9000 BROOKTREE RD.	
CITY-ST-ZIP	WEXFORD PA 15090	
TITLE	D	<input type="checkbox"/> DELETE
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 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____
 _____ Date **6/24/99** _____ Daytime Phone # **(724) 935-3700**

CRZE034 (11/98)