## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

F9400006393 (2)

ROTONDO WEIRICH, INC.

**FILED** May 01 1996 8:00 am Secretary of State



Principal Place	of Rusiness	Adallan Adding					
		Mailing Address				***** ****	
1167 WINTER LANE 1167 WINTER LANE SCHWENKSVILLE PA 19473 SCHWENKSVILLE PA 19473							
					3. Date Incorporated or Qualified 12/14/1994	3a. Date of La 04/28	•
	ace of Business	2a. Mailinų Address			4. FEI Number	1	Applied For
21		26			23-2789448 Not Ap		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	, ,	.75 Additional ee Required
City & State	9	City & State			6. Election Campaign Financing		5.00 May Be
23		28			Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in	tangible tax und	ers 199.032,
24	[25]	29	30		Florida Statutes Yes		
	9. Name and Address of Curre	ent Hegistered Agent	81	NI	10. Name and Address of New Re	gistered Agent	
DOTON	DO MADIO		61	Name			
ROTONDO, MARIO 1648 LOVES POINT DR.			82	Street Addr	dress (P.O. Box Number is Not Acceptable)		
	JRG FL 34748		83	· · · · · · · · · · · · · · · · · · ·			
			84	City		FL 85	Zip Code
SIGNATURE	in, and accept the congations of, sec	aon 657,0505, Fiorida Statute:	tes, the above-r zed by the corp s.	named corpor pration's boar	ation submits this statement for the purp rd of directors. I hereby accept the appoi	iose of changing intment as registi	its registered office ered agent. I am
	Signature, typed or printed name of registered ag-		OTic: Bogistered Agric	t signature requirer		DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
NAME		DELETE	1. 1 Till E			Char	nge 🔲 Addition
	ROTONDO, MARIO 1648 LOVES POINT DR.		1.2 NAME				
STREET ADDRESS	LEESBURG FL 34748		1.3 STREET				
CITY-ST-ZIP TITLE	DPST	DELETE	1.4 CHY-S	1-7IP			
NAME	WEIRICH, STEVEN J	L.J becen	2 1 TRILE			Char	nge
STREET ADDRESS	1167 WINTER LANE		2.2 NAME	15 pp sod			
CITY-ST-ZIP	SCHWENKSVILLE PA 19473	ì	2.3 STREET	1			
TITLE	DOTTILIAROVICEE TA 1847	DELETE	2.4 C/1Y - S 3. 1 T//LF	1 - ZIF		☐ Char	ige [ ] Addition
NAME		Ed	3.2 NAME			C C.Iai	igo [] Addition
STREET ADDRESS			3.3 STREET	ADORESS			
CITY-S1-ZIP			3 4 CHTY-S				
THILE	W. (4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	[] DELETE	4. 1 TITLE			[ ] Char	ige 🗍 Addition
NAME			4.2 NAME			₩ <b>.</b> -144.	
STREET ADDRESS			43 STREET	ADDRESS			
CITY-ST-ZP			4.4 CITY-S				
TITLE	Wall	☐ DELE1E	5 1 TITLE			☐ Char	ge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CiTY-S	I - ZIP			
TITLE		DELETE	6.1 TITLE			Chan	ge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREET	ADDRESS			
CITY-ST-ZIP		<b>.</b>	6.4 CITY - S	- ZIP			
14. I do hereby certify that I oath that I	y certify that the information supplied the information indicated in this au n	with this filingly voluntarily furnual report or supplemental annorative, or the position of the supplemental annorative, or the supplemental annorative and supplemental annorative annorative annorative and supplemental annorative and supplemental annorative and supplemental annorative and supplemental annorative annorative and supplemental annorative annorative annorative annorative and supplemental annorative anno	nished and does rual report is tru	not qualify for and accurat	or the exemption stated in Section 119.0 te and that my signature shall have the sis report as required by Chapter 607, Flor	7(3)(k), Florida St ame legal effect a	atutes. I further as if made under
appears in	Block 12 or Block 12 if hanger, o	out in attachy ent with an add	io empowered t ress.	o execute inis	s report as required by Chapter 607, Flor	ida Statutes; and	rnat my name

SIGNATURE:

NEW NAME OF SIGNING OFFICER OR DIRECTOR WLID'LH 1/29/96 215-256-7940