

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000002843 (9)**

1. Corporation Name  
**LA FRANCE CORP.**



Principal Place of Business: **8425 EXECUTIVE AVENUE PHILADELPHIA PA 19135**  
Mailing Address: **8425 EXECUTIVE AVENUE PHILADELPHIA PA 19135**

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

3. Date Incorporated or Qualified <b>06/13/1995</b>	3a. Date of Last Report
4. FEI Number <b>23-1478614</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVC <input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TETI, JOHN J	12. NAME
STREET ADDRESS	8425 EXECUTIVE AVENUE	13. STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA PA 19135	14. CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERONI, PETER	22. NAME
STREET ADDRESS	8425 EXECUTIVE AVENUE	23. STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA PA 19135	24. CITY-ST-ZIP
TITLE	SVC <input type="checkbox"/> DELETE	3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELBEIN, GERROLD	32. NAME
STREET ADDRESS	8425 EXECUTIVE AVENUE	33. STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA PA 19135	34. CITY-ST-ZIP
TITLE	TD <input type="checkbox"/> DELETE	4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMIG, ROBERT	42. NAME
STREET ADDRESS	8425 EXECUTIVE AVENUE	43. STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA PA 19135	44. CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRAR, GEORGE	52. NAME
STREET ADDRESS	8425 EXECUTIVE AVENUE	53. STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA PA 19135	54. CITY-ST-ZIP
TITLE	C <input type="checkbox"/> DELETE	6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TETI, JOSEPH A JR	62. NAME
STREET ADDRESS	8425 EXECUTIVE AVENUE	63. STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA PA 19135	64. 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 119.07(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 on an attachment with an address.

SIGNATURE: *Robert J. Helmig* Robert J. HELMIG 4-15-96 (215) 365-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DISTRICT PHONE #

CR2E034 (12/95)