

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>ONE LAFRANCE WAY</b> Suite, Apt. #, etc. 22 City & State 23 <b>CONCORDVILLE, PA</b> Zip Country 24 <b>19331-5002</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>ONE LAFRANCE WAY</b> Suite, Apt. #, etc. 27 City & State 28 <b>CONCORDVILLE, PA</b> Zip Country 29 <b>19331-5002</b> 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>06/13/1995</b>	4. FEI Number <b>23-1478614</b>	Applied For 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 or has paid the current year Intangible Personal Property Tax due June 30. <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

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TETI, JOHN J</b>	1.2 NAME	
STREET ADDRESS	<b>8425 EXECUTIVE AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19135</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERONI, PETER</b>	2.2 NAME	
STREET ADDRESS	<b>8425 EXECUTIVE AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19135</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SVC</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELBEIN, GERROLD</b>	3.2 NAME	
STREET ADDRESS	<b>8425 EXECUTIVE AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19135</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELMIG, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>8425 EXECUTIVE AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19135</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRAR, GEORGE</b>	5.2 NAME	
STREET ADDRESS	<b>8425 EXECUTIVE AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19135</b>	5.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TETI, JOSEPH A JR</b>	6.2 NAME	
STREET ADDRESS	<b>8425 EXECUTIVE AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19135</b>	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.

SIGNATURE: *(Handwritten signatures)* 9-24-98 (610) 301-4328

CR2E034 (5/98)