

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90012 031 ***550.00

0124504

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

DOCUMENT # F95000002843

1. Corporation Name
LA FRANCE CORP.

Principal Place of Business ONE LAFRANCE WAY CONCORDVILLE PA 19331-5002 US	Mailing Address ONE LAFRANCE WAY CONCORDVILLE PA 19331-5002 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/13/1995	
21		26		4. FEI Number 23-1478614	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New 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	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TETI, JOHN J		1.2 NAME		
STREET ADDRESS	8425 EXECUTIVE AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19135		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERONI, PETER		2.2 NAME		
STREET ADDRESS	8425 EXECUTIVE AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19135		2.4 CITY-ST-ZIP		
TITLE	SVC	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HELBEIN, GERROLD		3.2 NAME		
STREET ADDRESS	8425 EXECUTIVE AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19135		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HELMIG, ROBERT		4.2 NAME		
STREET ADDRESS	8425 EXECUTIVE AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19135		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRAR, GEORGE		5.2 NAME		
STREET ADDRESS	8425 EXECUTIVE AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19135		5.4 CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TETI, JOSEPH A JR		6.2 NAME		
STREET ADDRESS	8425 EXECUTIVE AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19135		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: *[Signature]* **PETER A. FLAMINI, JR** 7-6-99 610-361-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)