

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003180 (5)

1. Corporation Name
THE DANNA CO. OF OHIO

Principal Place of Business 2055 THOMASVILLE RD 450 N. NARBERTH AVE. TALLAHASSEE FL 32312 US	Mailing Address 950 W VALLEY RD STE 2903 WAYNE PA 19087 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2055 Thomasville Rd. Suite, Apt. #, etc. 22 Tallahassee, Florida City & State 23 32312 Zip 25 US Country	2a. Mailing Address 26 630 Penfield Avenue Suite, Apt. #, etc. 27 Havertown, PA City & State 28 19083 Zip 30 US Country
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3. Date Incorporated or Qualified 06/30/1995	4. FEI Number 34-0767993	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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**MAGUIRE, VOORHIS & WELLS, P.A.
 SUNBANK CENTER, SUITE 3000
 200 S. ORANGE AVE.
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PSTD	<input type="checkbox"/>
NAME	WEINBERGER, MARVIN	
STREET ADDRESS	630 PENFIELD RD.	
CITY-ST-ZIP	HAVERTOWN PA 19083	
TITLE	C	<input type="checkbox"/>
NAME	WEINBERGER, MARVIN	
STREET ADDRESS	630 PENFIELD RD.	
CITY-ST-ZIP	HAVERTOWN PA 19083	
TITLE	DC	<input type="checkbox"/>
NAME	WEINBERGER, BRUCE	
STREET ADDRESS	PESTALOZZI STRASSE 26	
CITY-ST-ZIP	79540 LORRACH STETTEN GERMAN	
TITLE	D	<input type="checkbox"/>
NAME	WEINBERGER, STANLEY	
STREET ADDRESS	3808 WHITLAND AVE.	
CITY-ST-ZIP	NASHVILLE TN 37205	
TITLE	D	<input type="checkbox"/>
NAME	WEINBERGER, ROZANNA	
STREET ADDRESS	APT. 1111, 2350 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10024	
TITLE	V	<input type="checkbox"/>
NAME	EPSTEIN, HAROLD R	
STREET ADDRESS	630 PENFIELD RD.	
CITY-ST-ZIP	HAVERTOWN PA 19083	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE: 

2-24-98

CR2E034 (10/97)