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FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000000931 (3)

1. Corporation Name  
GREAT EXPECTATIONS MANAGEMENT CORP.



Principal Place of Business  
~~255 BUSINESS CENTER DR  
HORSHAM PA 19044~~  
See attached  
Schedule A

Mailing Address  
~~255 BUSINESS CENTER DR  
HORSHAM PA 19044~~  
PO Box 918  
Welsh & McKean Roads  
Spring House, PA 19477

2. Principal Place of Business  
21 See attached Schedule A  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25  
26  
City & State  
27  
Zip  
28  
Country  
29  
19477  
30  
USA

3. Date Incorporated or Qualified  
02/23/1996  
3a. Date of Last Report  
Applied For  
Not Applicable  
4. FEI Number  
95-4513328  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	LEVITT, JEFFREY S	
STREET ADDRESS	255 BUSINESS CENTER DR	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	CFOD	<input checked="" type="checkbox"/> DELETE
NAME	MCGINNIS, WILLIAM J	
STREET ADDRESS	255 BUSINESS CENTER DR	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MICHAELS, PAMELA A	
STREET ADDRESS	255 BUSINESS CENTER DR	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BRENNER, ANTHONY P	
STREET ADDRESS	5 HORSHAM BUSINESS CENTER, 300 WELSH RD	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOLLINR, MITCHELL L	
STREET ADDRESS	5 HORSHAM BUSINESS CENTER, 300 WELSH RD	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richley, Robert D.	
1.3 STREET ADDRESS	Welsh & McKean Roads	
1.4 CITY-ST-ZIP	Spring House, PA 19477	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Titus, Roy E.	
2.3 STREET ADDRESS	Welsh & McKean Roads	
2.4 CITY-ST-ZIP	Spring House, PA 19477	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ginsberg, Sheara L.	
3.3 STREET ADDRESS	Welsh & McKean Roads	
3.4 CITY-ST-ZIP	Spring House, PA 19477	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hollin, Mitchell L.	
5.3 STREET ADDRESS	Welsh & McKean Roads	
5.4 CITY-ST-ZIP	Spring House, PA 19477	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Sheara L. Ginsberg* Sheara L. Ginsberg, Secretary

CR2E034 (9/96)