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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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| Principal Place of Business Mailing Address 1117 SNYDER RD. 1117 SNYDER RD. WEST LAWN PA 19609 WEST LAWN PA 19609-1100 | | | | ···· | | | | | | | |
|---|--|--|---|---|---|--|--|----------|--------------------------------|--|--|
| | | | | | | 3. Date Incorporate 08/08/1996 | ed or Qualified | 3a. Da | ate of Last R | eport | |
| Principal Pla | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | TAI | plied For | |
| , | | 26 | | | 1 | 23-0430672 | 2 | | | t Applicab | |
| Suite, Apt. # | Ħ, €t:: | Suite, Apt. #, etc. | | | | 5. Certificate of Sta | atus Desired | ₽ | | Additional equired | |
| City & State | · · · · · · · · · · · · · · · · · · · | City & State | | | | 6. Election Campa Trust Fund Cont | - | | \$5.00 Added | May Be to Fees | |
| Zρ | Country | Zip | Cour | ntry | | 8. This corporation | | | | . 199.032, | |
| | 25 | 29 | 30 | | | Florida Statutes | | Yes X | | | |
| | 9. Name and Address of Curr | ent Hegistered Agent | | 81 Name | | 0. Name and Add | ress of New He | gisterea | Agent | ······································ | |
| | Corporation System) South Pine Island Road | | | | | | | | | | |
| | NTATION FL 33324 | | 1 | 82 Stree | t Address | (P.O. Box Number | is Not Acceptal | ble) | | | |
| I LA | TIMION I E COOLT | | | 83 | | | | | | | |
| | | | ļ | 84 City | | | | | PE 710 | Code | |
| | | | ĺ | 1 | | | | FL | . [] | | |
| SNATURE | o the provisions of Sections 607.0 agistored agent, or both, in the Sta n famil ar with, and accept the obl | | | | | | | | | | |
| ONATURE : | Signardie type d'or proded name of registe ed : | agent and the if applicable (| NOTE: Registered | Agent signatu | re required w | hen reinstaling) ADDITIONS/CHA | | DATE | DIRECTOR | RS IN 12 | |
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| ONATURE : | Signardie type d'or proded name of registe ed : | agent and the if applicable (| NOTE: Registered 13. 1.1 TIT | Agent signatu | Asst | hen reinstaling) ADDITIONS/CHA | NGES TO OFFI | DATE | DIRECTOR | RS IN 12 | |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(610) 678-1913

FILED

Mar 13 1997 8:00am

Secretary of State

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