

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90075 037 ***150.00

DOCUMENT # F96000004306

1. Corporation Name
BVI INDUSTRIES, INC.



Principal Place of Business
4667 SOMERTON ROAD
TREVOSSE PA 19053

Mailing Address
4667 SOMERTON ROAD
TREVOSSE PA 19053

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/22/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-1939778	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELSINGER, JACK R JR	1.2 NAME	
STREET ADDRESS	754 LAUREL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STRAFFORD PA 19087	1.4 CITY-ST-ZIP	
TITLE	WVC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, THOMAS F	2.2 NAME	
STREET ADDRESS	1849 WRIGHTSTOWN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON CROSSING PA 18977	2.4 CITY-ST-ZIP	
TITLE	TSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARNLEY, BRUCE	3.2 NAME	
STREET ADDRESS	565 MASON DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA 19002	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, CHRISTINE M	4.2 NAME	
STREET ADDRESS	1849 WRIGHTSTOWN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON CROSSING PA 18977	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIELE, P M	5.2 NAME	
STREET ADDRESS	940 LONGHORNE YARDLEY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LANGHORNE PA 19047	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILKER, W	6.2 NAME	
STREET ADDRESS	600 ALBRT AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD NJ 08701	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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP M. MIELE

VICE-
PRESIDENT

4-19-99
Date

215-396-8900(125)
Daytime Phone #

CR2E034 (1/98)

0007394