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**

DOCUMENT # F9600005812

FML ENTERPRISES OF PA, INC.

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90014 029 ***150.00



!										
Principal Place of Business Mailing Address							T I SAN HOD HER I HAVE REFIE HOLLI WAREL	10111 64111 0	ELDI BILBI IBIB	JI 14818 IJEJ 1881
250 KING OF PRUSSIA ROAD 250 KING OF PRUSSIA ROA										
RADNOR PA 19087 RADNOR PA 19087							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
							11/07/1996			
2 Principal Pl	ace of Business	2a	, Mailing Address				4. FEI Number		T A	applied For
21	ass of Business	26					23-1724912		N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						Certifcate of Status Desired		\$8.75	Additional	
22 27							5. Certificate of Status Desired		Fee R	Required
City & State City & State						6. Election Campaign Financing			May Be	
23,		28					Trust Fund Contribution			I to Fees
Zip	Country		Žip	Country	'		8. This corporation owes the currer	nt year Inta		P N.
24	25	29	36	<u>) </u>			Personal Property Tax.	aistored	Yes	Mo
	9. Name and Address of Curren	t Regi	stered Agent	81	Name		10. Name and Address of New Re	gistered	-tgent	
DEAR	N, MEAD & MINTON			<u>.</u>	Name					
1903 SOUTH 25TH STREET - SUITE 200				82	82 Street Address (P.O. Box Number is Not Acceptable)					
FORT PIERCE FL 34947				83	-					
, , , , ,										
				84	City			FL	85 Zip	Code
44 Pursuant	to the provisions of Sections 607 050	2 and	607 1508 Florida Statutes	the abov	e-named	compa	ration submits this statement for the p	urpose of	changing if	ts registered
l office or re	egistered agent, or both, in the State (ot Hior	ida. Such change was auti	ionzea ov	tne corp	oration	's board of directors. I hereby accept	the appoi	ntment as r	egistered
] agent. I ai I	m familiar with, and accept the obligat	ions o	r, Section 607.0505, Fiond	a Statutes						
SIGNATURE	Signature, typed or printed name of registered agen	it and title	e if applicable. (NOTE; R	egistered Age	nt signature i	required	when reinstating)	DATE		
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	PC		☐ DELETE	1,1 TITLE					Change	Addition
NAME	TAYLOR, WILLIAM S			1.2 NAME						
STREET ADDRESS	250 KING OF PRUSSIA ROAD			1.3 STREE	T ADDRESS	ļ				}
CITY-ST-ZIP	RADNOR PA 19087			1.4 CITY-8	T-ZIP	<u> </u>				
TITLE	VD		☐ DELETE	2.1 TITLE					Change	Addition
NAME	KELICAN, JAMES W JR			2.2 NAME						,-
STREET ADDRESS	250 KING OF PRUSSIA ROAD			2.3 STREE	TADDRESS					· ·
CITY-ST-ZIP	RADNOR PA 19087		Flactors	2.4 CITY-	ST-ZIP	ļ			☐ Change	Addition
TITLE	S DOCTOR		☐ DELETE	3.1 TITLE		}			∟_ change	
NAME	BIXLER, ROBERT			3.2 NAME					•	
STREET ADDRESS	250 KING OF PRUSSIA ROAD				T ADDRESS					ĺ
CITY-ST-ZIP	RADNOR PA 19087		☐ DELETE	3.4. CITY-: 4.1 TITLE	ST-ZIP	 			Change	Addition
TITLE	TVC		U VELETE	4.1 HILE 4. 2 NAME				` '		
NAME	MULLIN, ARTHUR W			•		}			.•	}
STREET ADDRESS					TADORESS	}			ì	
CITY-ST-ZIP	RADNOR PA 19087 AS		☐ DELETE	4.4 CITY-S 5.1 TITLE	11-ZIP	\vdash		,	Change	e ☐ Addition
TITLE	TAMASITIS, MARGARET			5.1 NAME			'بـ	*		
NAME STREET ADDRESS	250 KING OF PRUSSIA RD			l .	T ADDRESS	'				İ
STREET ADDRESS	REDNOR PA			5.4 CITY-5		-	,			ļ
CITY-ST-ZIP TITLE	TIEDROR FA	-	☐ DELETE	6.1 TITLE		_			☐ Change	e 🔲 Addition
NAME				6.2 NAME			,		_ •	{
STREET ADDRESS					TADDRESS					
CITY-ST-ZIP				6.4 CITY-5	ST-ZIP					
UIII-UI-AIF				_						

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 MARGARET M TAMASITIS, ASSISTANT SECRETARY