


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

FILED
Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006852 (5)
 1. Corporation Name
NOVARESOURCE, INC.



Principal Place of Business 1016 W. 9TH AVE. KING OF PRUSSIA PA 19406	Mailing Address 1016 W. 9TH AVE. KING OF PRUSSIA PA 19406-1221
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 12/30/1996	3a. Date of Last Report INITIAL
4. FEI Number 23-2861918	Applied For 23-2866146
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BEWLEY, PETER D	
STREET ADDRESS	1016 W. 9TH AVE.	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LOOLENTO, ARTHUR T JR	
STREET ADDRESS	1016 W. 9TH AVE.	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HEALY, ROBERT E JR	
STREET ADDRESS	1016 W. 9TH AVE.	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 12

1.1 TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard McDonald	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Loren Huber	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	President	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Marie Martino	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secretary	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	All Located @	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1016 W 9th Ave.	
4.4 CITY-ST-ZIP	King of Prussia, PA 19406	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: *Marie Martino* 5B-97 610-992-7200

CR2E034 (9/96)