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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700002670 (4)

Principal Pla	CAL PHYSICS INTERNATION CO OF BUSINESS (DR. LEGE PA 16803	Mailing Address 2171 SANDY DR. STATE COLLEGE PA 16	6903					
						DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified 05/20/1997	PACE	
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number 23-2877478		Applied For
Suite, Apt	l. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional Required
City & Sta		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 Added	O May Be I to Fees
Zip 4	Country 25	7 _(P)	30 Cot	untry] Yes	ntangible No
	g. Name and Address of Currer	it Registered Agent				10. Name and Address of New Registered A	gent	
	OLKITT, MARCY			81	Name			•
9363 BLIND PASS RD.				82	Street Add	fress (P.O. Box Number is Not Acceptable)		
SA	ARA S OTA FL 34242			83				
				83				
				84	City	FL	85 Zir	Code
4 Pureuard	to the provisions of Sections 607.050	12 and 607 1508 Florida State	utes the a	hove	named cot		changing	ite registered
office or	registered agent, or both, in the State	of Florida, Such change was	authorize	d by	the corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the apport	ointment a	s registered
		ations of, Section 607, 050 5, F	iorida Sta	itutes	; ,			
SIGNATURE	Signature, typical or painted name of registers it agr	int and title if approximation (NC	OH Registere	nd Age	nt signature requ	uired when reinstating) DATE		
12		D DIRI CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND		
ITLE	CP	DELETE	111			ADDITIONS/OF ANALO TO OF TIGETS AND	DIRECTO	PRS IN 12
IAME	COLKITT, DOUGLAS R MD		151.15	HIE	ĺ	Apprilated of Annual To an August Annual Ann	DIRECTO Change	
			1.2 N			ASSIMONO FIXANCES TO OFFICE IN AND		
treet address			1.2 N	IAME	ADDRESS	ASSETTION OF TAXABLE TO OFF TOLLIO AND		
	STATE COLLEGE PA 16803		1.2 N 1.3 S	IAME	1	ASSIMONO FIXALES TO OTHER MAP		
ITY-ST-ZIP	STATE COLLEGE PA 16803	☐ DELETE	1.2 N 1.3 S	IAME STREET SITY - S	1	ASSIMONGO I ANGLES TO OTHOLING AND		Addition
CITY-ST-ZIP	STATE COLLEGE PA 16803 S COLKITT, MARCY L	☐ DELETE	1.2 N 1.3 S 1.4 C	IAME TREET CITY - S TILE	1	ASSITION OF TAXABLE TO OF TOLLIO AND	Change	Addition
HTY-ST-ZIP ITLE IAME	STATE COLLEGE PA 16803 S COLKITT, MARCY L 176 TIMBERSPRINGS LANE	☐ DELETE	1.2 N 1.3 S 1.4 C 2.1 TI	IAME STREET SITY - S ITLE IAME	1	ASSIMONGO I ANGLES TO OTHOLING AND	Change	Addition
OITY-ST-ZIP ITLE IAME ITREET ADDRESS	STATE COLLEGE PA 16803 S COLKITT, MARCY L		1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S	IAME STREET SITY - S ITLE IAME	1 - ZIP ADDRESS	ASSIMONO INVOLTO OF TOLLIO AND	Change	Addition
HTY-ST-ZIP ITLE HAME HTREET ADDRESS HTY-ST-ZIP	STATE COLLEGE PA 16803 S COLKITT, MARCY L 176 TIMBERSPRINGS LANE	☐ DELETE	1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S	IAME STREET STY-S ITLE IAME STREET CITY-S	1 - ZIP ADDRESS		Change	Addition
ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE	STATE COLLEGE PA 16803 S COLKITT, MARCY L 176 TIMBERSPRINGS LANE		1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C	TAME STREET STY-S TILE TAME STREET CITY-S TILE	1 - ZIP ADDRESS		Change Change	Addition
ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME	STATE COLLEGE PA 16803 S COLKITT, MARCY L 176 TIMBERSPRINGS LANE INDIANA PA 15701		1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N	IAME STREET SITY - S ITLE IAME STREET CITY - S ITLE IAME	1 - ZIP ADDRESS		Change Change	Addition
ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS	STATE COLLEGE PA 16803 S COLKITT, MARCY L 176 TIMBERSPRINGS LANE INDIANA PA 15701		1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	IAME STREET SITY - S ITLE IAME STREET CITY - S ITLE IAME	1-ZIP ADDRESS SI-ZIP ADDRESS		Change Change	Additio
HTY-ST-ZIP ITLE IAME TREET ADDRESS HTY-ST-ZIP ITLE IAME ITREET ADDRESS HTY-ST-ZIP	STATE COLLEGE PA 16803 S COLKITT, MARCY L 176 TIMBERSPRINGS LANE INDIANA PA 15701		1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	CAME STREET CITY - S ITLE CITY - S ITLE CAME CAME CAME CAME CAME CAME CAME CAM	1-ZIP ADDRESS SI-ZIP ADDRESS		Change Change	Addition Addition
ATY-ST-ZIP ITLE AAME TREET ADDRESS ITY-ST-ZIP ITLE AAME TREET ADDRESS ITY-ST-ZIP ITLE	STATE COLLEGE PA 16803 S COLKITT, MARCY L 176 TIMBERSPRINGS LANE INDIANA PA 15701	DELETE	1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C	RAME STREET	1-ZIP ADDRESS SI-ZIP ADDRESS		Change Change	Addition Addition
ATY-ST-ZIP ITLE AAME TREET ADDRESS ITY-ST-ZIP ITLE AAME TREET ADDRESS ITY-ST-ZIP ITLE AAME	STATE COLLEGE PA 16803 S COLKITT, MARCY L 176 TIMBERSPRINGS LANE INDIANA PA 15701	DELETE	12 N 1.3 S 1.4 C 2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 32 N 3.3 S 3.4 .C 4.1 TI	STREET	1-ZIP ADDRESS SI-ZIP ADDRESS		Change Change	Addition Addition
OTY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITHE IAME ITREET ADDRESS	STATE COLLEGE PA 16803 S COLKITT, MARCY L 176 TIMBERSPRINGS LANE INDIANA PA 15701	DELETE	12 N 1.3 S 1.4 C 2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N	STREET	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS		Change Change	Addition Addition
OTY-ST-ZIP ITLE LAME STREET ADDRESS STITY-ST-ZIP ITLE LAME STREET ADDRESS SITY-ST-ZIP ITLE LAME L	STATE COLLEGE PA 16803 S COLKITT, MARCY L 176 TIMBERSPRINGS LANE INDIANA PA 15701	DELETE	12 N 1.3 S 1.4 C 2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N	ITAME ITY-S ITTE ITME ITME ITME ITME ITME ITME ITME	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS		Change Change	Addition Addition Addition
STREET ADDRESS CITY-ST-ZIP LITLE NAME NAME LITREET ADDRESS CITY-ST-ZIP LITLE NAME	STATE COLLEGE PA 16803 S COLKITT, MARCY L 176 TIMBERSPRINGS LANE INDIANA PA 15701	☐ DELETE	12 N 1.3 S 1.4 C 2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C	CAME COTY-S COTY	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS		Change Change Change	Addition Addition Addition

14. Thereby 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 suppliemental 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 of the

54 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

61 TITLE 6.2 NAME

DELETE

Judge 8

FILED

May 21 1998 8:00am

Secretary of State

Zu 220 - 225

Change

Addition