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

PROFIT CORPORATION ANNUAL REPORT

1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700006494 (5)

MELLON INCURANCE AGENCY INC

MELLO	NA INSURANCE AGENCY,	H4O-								
Principal Plac	e of Business	Mailing Address					. 1881)88 1118 18111 (681) 88111 89111	Telli Malli A	. B 1:40 B 1:41 B 1 B 1 B 1	ant Atá t 1881
345 E. 8TH AVE. 345 E. 8TH AVE. HOMESTEAD PA 15120 HOMESTEAD PA 15120						İ	•			
									.	
						<u> </u>	DO NOT WRIT		S SPACE	
						3.	. Date Incorporated or Qualified			
							12/09/1997			
2. Principal P	lace of Business	2a. Mading Address	,			4.	, FEI Number		\	pplied For
21		26	+				25-1300868			ot Applicable
Suite, Apt.	#, etc.		Suite, Apt #, etc.			, l	. Certificate of Status Desired		~	Additional
22			27						Fee R	equired
City & State	e	City & State			6.	. Election Campaign Financing			May Be	
23		28					Trust Fund Contribution			to Fees
Zip Country		Zip		Country		8.	8. This corporation owes or has paid the current year intangible			
24	25	29	30					Yes 1		
, 	9. Name and Address of Curre	ent Registered Agent		$oldsymbol{ol}}}}}}}}}}}}}}}}}$		10	Name and Address of New F	egistere	d Agent	
	T CORPORATION SYSTEM			81	Name					
1200 SOUTH PINE ISLAND ROAD				82	Street	Address (I	ress (P.O. Box Number is Not Acceptable)			
PL	ANTATION FL 33324			Street Addi			box (tall) box 10 ; tot / too op it	,		
				63						
				L.	0:	····			15-1 -	
				84	City			FI	85 Zip	Code
SIGNATURE	to the provisions of Sections 607.05 ogistered agont, or both, in the Stat in familiar with, and accopt the obli Signature, lyted or proted upon of representati	good and blood applicable	was authorize 05, Florida Sta (NOTE Register			erw beyinber	ra feinstating)	DATE		
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	PD	DELFTE 1.1		1.1 TITLE		MI	4. 0 4		Change	Addition
NAME	MALLOY, MICHAEL L			1.2 NAME //.		11 Qu	CK. P. Lansinge One Mellor	26		
STREET ADDRESS	345 E.8TH AVE.		1.3 5	1.3 STREET ADDRESS		773	One mellor	Pai	nk Ct	7
CITY-ST-ZIP	HOMESTEAD PA		1.4 (HTY-S	ST-ZIP		Shumh PA	150	56-101	$\dot{\gamma}_{l}$
TITLE	VD	DELET							Change	Addition
NAME	BALLINTINE, PATRICK J		2.21	2.2 NAME			, J			
STREET ADDRESS			2.3.5	2.3 STREET ADORESS						
CITY-ST-ZIP	HOMESTEAD PA		2.4	CITY-S	ST-ZIP					
TITLE	VD	DELET		3 1 TITLE					Change	Addition
NAME	HARMS, WILLIAM E	•	3.2		ļ					_
STREET ADDRESS	345 E.8TH AVE.				ADDRESS					
CITY-ST-ZIP	HOMESTEAD PA			CITY - S						
TITLE	VD	DELET			H-ZIP		***************************************		Change	Addition
NAME				4.1 TITLE 4.2 NAME					- Output	FROMION
STREET ADDRESS	345 E.8TH AVE.				ADDDECE					
	HOMESTEAD PA	HONEOTEAN DA		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP						
CITY-ST-ZIP	VD VD	DELET			I - ZIP				Change	Ä delisie –
TITLE		LL DELEI	1		{				Change	Addition
NAME	LENG, DAVID R		521		-					
STREET ADDRESS	345 E.8TH AVE.				ADDRESS					
CITY-ST-ZIP	HOMESTEAD PA			iTY-S	T-ZIP					<u>.</u>
TITLE	TD	" 🔲 DELET	E 6.17	ITLE					Change	Addition

CITY-ST-ZIP 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 supplemental arrural 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 it changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

ULRICH, JOHN D

345 E.8TH AVE.

HOMESTEAD PA

412-234-6083

FILED

Feb 18 1998 8:00am

Secretary of State