

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90245 003 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F98000003297

1. Corporation Name
710 ENTERPRISES, INC.



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|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business 710 TOWNSHIP LINE ROAD ELKINS PARK PA 19027 | Mailing Address 710 TOWNSHIP LINE ROAD ELKINS PARK PA 19027 |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|------------------------------------------------------------------|--|---------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business 21 710 Township Line Rd | | 2a. Mailing Address 26 SAME | | 3. Date Incorporated or Qualified 06/11/1998 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number 23-2991847 | |
| 23 Elkins Park PA 19027 | | 28 Elkins Park PA 19027 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 19027 25 Montgomery | | 29 PA 30 USA | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 19027 25 Montgomery | | 29 PA 30 USA | | 7. 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 BLANTON, EDWIN F ESQ. 825 THOMASVILLE ROAD TALLAHASSEE FL 32303 | | | | 10. Name and Address of New Registered Agent | |
| 81 Name | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | | | 84 City | |
| | | | | 85 Zip Code FL | |

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------|
| TITLE | PC <input type="checkbox"/> DELETE | 1.1 TITLE | PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTIA, ANGELO J | 1.2 NAME | SAME |
| STREET ADDRESS | 710 TOWNSHIP LINE ROAD | 1.3 STREET ADDRESS | SAME |
| CITY-ST-ZIP | ELKINS PARK PA 19027 | 1.4 CITY-ST-ZIP | |
| TITLE | VVC <input type="checkbox"/> DELETE | 2.1 TITLE | V. PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTIA, PASQUALE | 2.2 NAME | SAME |
| STREET ADDRESS | 710 TOWNSHIP LINE ROAD | 2.3 STREET ADDRESS | SAME |
| CITY-ST-ZIP | ELKINS PARK PA 19087 | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTIA, FRANCIS G | 3.2 NAME | SAME |
| STREET ADDRESS | 710 TOWNSHIP LINE ROAD | 3.3 STREET ADDRESS | SAME |
| CITY-ST-ZIP | ELKINS PARK PA 19087 | 3.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTIA, ARTHUR J | 4.2 NAME | SAME |
| STREET ADDRESS | 710 TOWNSHIP LINE ROAD | 4.3 STREET ADDRESS | SAME |
| CITY-ST-ZIP | ELKINS PARK PA 19087 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Angelo J. Mattia* **2-17-99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)