## 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

C/O EHMANN VAN DENBERGH & TRAINOR

TWO PENN CENTER. SUITE 725

PHILADELPHIA PA 19102

2a. Mailing Address

Suite, Apt. #, etc.

26

## OCUMENT # F9800004469

Mailing Address

Corporation Name

22 ACQUISITION CORP.

EHMANN VAN DENBERGH & TRAINOR

" "lace of Business

PENN CENTER, SUITE 725

Principal Place of Business

Suite, Apt. #, etc.

**FILED** Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90181 009 \*\*\*150.00

Applied For

\$8.75 Additional

Not Applicable



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

23-2971396

08/06/1998 4. FEI Number

	27				5. Certificate of Status Desi	ieu 🗀	Fee Rec	quired
, i		City & State			Election Campaign Finar     Trust Fund Contribution	6. Election Campaign Financing Trust Fund Contribution  \$5.00		
p Country	Zip		Country		8. This corporation owes the current year		ar Intangible	
25	29	30	30		Personal Property Tax.			□No
9. Name and Address of Cu			1		10. Name and Address of I	New Registere	d Agent	
- Italia alla Adalasa di at	and the global or	- 1 <u>g</u>	81	Name				
CORPORATION SERVICE COMP	ANY							
1201 HAYS STREET			82	Street Add	ress (P.O. Box Number is Not A	cceptable)		
	TALLAHASSEE FL 32301-2525						<del>-</del> _	
TALLATIAGOLL TE GEGOTEGE			83					
			84	City		F	85 Zip C	ode
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent. I am familiar with, and accept the o	state of Florida. Su	ch change was auth	orized by	the corporat	poration submits this statement fo ion's board of directors. I hereby	accept the app	of changing its on the continent as reg	registered jistered
Signature, typed or printed name of registere	ed agent and title if applica	ble. (NOTE: Re	gistered Age	nt signature requir	ed when reinstating)	DATE		
OFFICER	S AND DIRECTOR		13.		ADDITIONS/CHANGES T	O OFFICERS A		
DP		☐ DELETÉ	1.1 TITLE				Change	☐ Addition
WALMSLEY, GEORGE			1.2 NAME					i
29 S. LONG POINT LANE			1.3 STREE	TADDRESS				
ROSE VALLEY PA 19063			1.4 CITY-S	IT-ŽIP				
D		□ DELETE	2.1 TITLE	j			Change	☐ Addition
GIERHART, HARRY			2.2 NAME					
4000 1 00 0001 50 115				T ADDRESS				
DALO ALTO O4 04000			1	į.				
PALO ALTO CA 94360		OELETE	2. 4 CITY-1	ST-ZIP			Change	Addition
ST		[] DEFE IE	31 TITLE	1			Clarife	
SCOTT, ROBERT W			3.2 NAME					
TWO PENN CENTER, SUIT	E 725		3.3 STREE	T ADDRESS				
EZIP PHILADELPHIA PA 19102			3.4. CITY-	ST-ZIP				
		☐ DELETE	4.1 TITLE				☐ Change	Addition
			4. 2 NAME					
ADTIRE 12.			4.3 STREE	T ADDRESS				
r-zip			4.4 CITY-S	ST-ZIP				
		☐ DELETË	5.1 TITLE				☐ Change	☐ Addition
			5.2 NAME					
			5.3 STREE	TADDRESS				
ADDRESS			5.4 CITY- S					
			6.1 TITLE	11-21			Change	Addition
		□ nere ie					Change	
			6.2 NAME					
ACAPAT CO.			6.3 STREE	TADDRESS				I
T ZIP	_		6.4 CITY-S					
hereby certify that the information supplied indicated on this annual report or supplied of the composition of the Block 12 or Block 13 if changed, or on an CHATURE:	ental annual repor receiver or trustee attachment with a	t is true and accurate empowered to execute address, with all of	e and that pute this in the fike e	it my signatui report as requ mpowered.	re shall have the same legal effectuired by Chapter 607, Florida Sta	ct as it made un	my name appe	am an
SIGNATURE AND TYP	PED OR PRINTED NAME	OF SIGNING OFFICER OF	PIRECTOR		Date		Daytime Phone #	