

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000006750**
Corporation Name
ALSTON'S MANAGEMENT, INC. OF PENNSYLVANIA

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90028 028 ***550.00



Principal Place of Business
**230 WRIGHT'S LANE
WEST CHESTER PA 19380-4252**

Mailing Address
**1230 WRIGHT'S LANE
WEST CHESTER PA 19380-4252**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 23-2247518	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MONROE, W. B ESQUIRE 239 EAST VIRGINIA STREET TALLAHASSEE FL 32301				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

1. 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

2. OFFICERS AND DIRECTORS

FILE	P	<input type="checkbox"/> DELETE
NAME	PRITCHARD, DAVID G	
REET ADDRESS	946 WAWASET ROAD	
TY-ST-ZIP	KENNETT SQUARE PA 19348	
FILE	DV	<input type="checkbox"/> DELETE
NAME	ALSTON, ESTELLE H	
REET ADDRESS	101 AMBLEWOOD LANE	
TY-ST-ZIP	NAPLES FL 34105	
FILE	S	<input type="checkbox"/> DELETE
NAME	ALSTON, ROBERT	
REET ADDRESS	504 NORTH FRANKLIN STREET	
TY-ST-ZIP	WEST CHESTER PA 19380	
FILE	T	<input type="checkbox"/> DELETE
NAME	MATLACK, WALTER L III	
REET ADDRESS	219 CARLTON DRIVE	
TY-ST-ZIP	BROOMALL PA 19008	
FILE		<input type="checkbox"/> DELETE
NAME		
REET ADDRESS		
TY-ST-ZIP		
FILE		<input type="checkbox"/> DELETE
NAME		
REET ADDRESS		
TY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

4. 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 on an attachment with an address.

SIGNATURE: *Walter L Matlack* **REQUIRED**

7-1-99

610-696-1069

CR2E034 (5/99)