

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -3 PH 5: 23

DOCUMENT # **G57610** (9)  
1. Corporation Name  
**188 CORP.**

Principal Place of Business Mailing Address  
**725 CONSHOHOCKEN STATE RD** **725 CONSHOHOCKEN STATE RD**  
**BALA CYNWYD PA 19004** **BALA CYNWYD PA 19004**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/30/1983** 3a. Date of Last Report **03/17/1994**  
4. FEI Number **23-2515205** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing  **\$5.00** May Be Added to Fees  
Trust Fund Contribution  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

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  
TITLE SD  
NAME **CRAVITZ, STEPHEN**  
STREET ADDRESS **725 CONSHOHOCKEN ST RD**  
CITY - ST - ZIP **BALA CYNWYD PA**  
TITLE PD  
NAME **KURTZ, HERBERT**  
STREET ADDRESS **725 CONSHOHOCKEN ST RD**  
CITY - ST - ZIP **BALA CYNWYD PA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of change form or an attachment with an address.

SIGNATURE: **HERBERT KURTZ, DIRECTOR** **3/10/95** **(610) 667-5800**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR