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PRI CORPC	NOW: FILING FEE OF TO THE DRATION L REPORT 1996	FLORIDA DEPARTM Sandra B. M Secretary of DIVISION OF COR	IENT OF STATE fortham of State		
DOCUM	ENT # H606	60 (8)			
1. Corporation Na	on bug of Panama Cit	Y. INC.		A STATE OF THE STA	niais Ridit diam didit didit SIDIT (88)
I AOI IIC	NA DOG OF THE STATE OF	.,			
Principal Place of	Business	Maring Address		1 10 81811 Oxid Oxidi addid addid addid	STATE
517 W. 23RD ST. 450 Wink's LN Tax Dept. Panama City Fl. 32405		450 WINKS LN CORPORATE TAX BENSALEM FL 19020		Date Incorporated or Qualified 3a.	Date of Last Report
US		US		06/06/1985 4. FEI Number	03/23/1995 Applied For
2. Principal Place	of Business	2a. Mailing Address		52-1510811	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	28 Zip	Country	8. This corporation has liability for intangi	ble tax under s 199.032,
24	25 9. Name and Address of Curre		30 <u> </u>	10. Name and Address of New Registe	
11. Pursuant to or registerer familiar with	the provisions of Sections 607.050 d agent, or both, in the State of Flo n, and accept the obligations of, Sec	12 and 607.1508, Florida Statutes, rida. Such change was authorized ction 607.0505, Florida Statutes.	the above named corp by the corporation's b	poration submits this statement for the purpose oard of directors. Thereby accept the appointment	of changing its registered office ant as registered agent. I am
SIGNATURE _	ignariae lispand or protect manacist regulariest age	or and the mapper of a	Figure et Agrot signature re-	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
12.	OFFICERS A	ND DIRECTORS	13.	REAL DORRITT (P	Defiarige Addition
TITLE NAME	D Wachs, David	- Decem	1 2 NAME	BERN, DORRITT (P) 450 WINKS LANE	
STREE! ADDRESS	450 WINKS LN		1.3 STREET ADDRESS	BENSALEM, PA 19020	5
CITY - ST - ZIP	BENSALEM PA	PECETE	1.4 CHY+ST-ZIP 2.1 TITLE		Change Addition
NAME	d Sidewater, Samuel	<u></u> :	2.2 NAME		
STREET ADDRESS	450 WINKS LN		2 3 STREET ADDRESS		
CITY ST-ZIP	BENSALEM PA S	DELETE	2.4 CHTY+ST-ZIP 3.1 TILLE		Change Addition
TITLE NAME	BRODSKY, BERNARD	_	3.2 NAME		
STREET ADDRESS	450 WINKS LN		33 STAFET ADDRESS		
CITY - ST - ZIP	BENSALEM PA	THELETE.	3 4 C(TY - ST - 20F) 4 1 T(TLE		Change Addition
TITLE NAME	D WACHS, ELLIS	<u></u>	4.2 NAME		
STREET ADDRESS	450 WINKS LN		4.3 STREET ADDRESS		
CITY-S1 ZIP	BENSALEM PA	DELETE	5 1 TITLE	00000179	1 3 Change Addition
11TLE NAME	VT BRODSKY, BERNARD		5 2 NAME	-04/24/960101	1001
STREET ADDRESS	450 WINKS LN.		5.3 STREET ADDRESS	***10800.00	
CITY-ST-ZIP	BENSALEM FL	☐ DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		☐ Change ☐ Addition
TITLE	DP	☐ DETEIR	62 NAME		7/19
NAME STREET ADDRESS	WACHS, PHILIP 450 WINKS LN		63 STREET ADDRESS		~ 4· <i>t</i>

SIGNATURE: 🗹

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENSALEM PA

64 CHY-ST ZIP

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trusted empowered to efficute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or than attachillent with address. 3-28-96 (215)633-4624