FILE	NOW: FILING FEE /	AFTER MAY 1 IS	\$225.00		,
PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Division OF CORPORATIONS			• *
DOCUM 1. Corporation N	ENT # K0586	66 (4)			
•	ON BUG #656, INC.				
rastir	UN BUG #000, INC.				
Principal Place o	f Business	Mailing Address			IIID Olis Oldsi Ososi Ososi Ososi usos ososi soo
1214 K. CAF CORP. TAX TALLAHASSI US		450 WINKS LN CORPORATE TAX BENSALEM PA 19020 US		3. Date Incorporated or Qualified	3a. Date of Last Report 03/23/1995
2. Principal Place	a of D. oinoga	2a. Mailing Address		12/07/1987 4. FEI Number	Applied For
2. Principal Plac	9 OL BRZLIG22	26		23-2519481	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	28	Country	8. This corporation has liability for	
24	25	29 3	0	Florida Statutes Yes 10. Name and Address of New F	No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New F	egistereo Agent
PLANT	OUTH PINE ISLAND ROAD ATION FL 33324 by the provisions of Sections 607,0502 id agent, or both, in the State of Florid 1, and accept the obligations of, Secti		83 84 City the above-named corporation's box	oration submits this statement for the pu and of directors. I hereby accept the app	FL 85 Zip Code rpose of changing its registered office contiment as registered agent. I am
CICNIATI IDE			Registerso Advirt signature requi	and the most stand	DATE
12.	Signature, by ed or practed have of regulation ages? OFFICERS ANI	The Control of the Co	Hagisterioù Agran signature re par	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 BILE	BERN, DORRITT	(P) Change Quaddition
NAME •	SIDEWATER, SAMUEL		1.2 NAME	450 WINKS LAN	E
STREET ADDRESS	450 WINKS LANE		1.3 STREET ADDRESS 1.4 City - St - Zip	BENSALEM, PA	19020
CITY-ST-ZIP	BENSALEM PA D	DELETE	2 1 TULE		Change Addition
NAME	WACHS, DAVID		2.2 NAME		
STREET ADDRESS	450 WINKS LANE		2.3 STREET ADDRESS		
CITY - ST - ZIP	BENSALEM PA	☐ DELETE	2.4.CHY ST-ZIF 3.1.LLF	. VIII -	☐ Change ☐ Addition
TITLE :	PD Wachs, Philip		3.2 NAME		
STREET ADDRESS	450 WINKS LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BENSALEM PA		3 4 CITY - ST - ZIP		Change Addition
TITLE	D	DELETE	4 1 TITLE		Change Addition
NAME	WACHS, ELLIS		4.2 NAME 4.3 STREET ADDRESS		•
STREET ADDRESS	450 WINKS LANE		4 4 CITY - ST-ZIP		
CITY-ST-ZIP TITLE	BENSALEM PA VTS	DELETE	5 1 TITLE		Change Addition
NAME	BRODSKY, BERNARD		5.2 NAME		
STREET ADDRESS	450 WINKS LANE		5 3 STREET ADDRESS		
CITY-ST-ZIP	BENSALEM PA	DELETE	5.4 CHY-ST-ZIP 6.1 TITLE	1000017	9185clange Addition
THILE	V CONTOUR FOIL	□ Direir	6.2 NAME	-04/24/9601	10110 $\overline{0}$ 1 $\overline{}$ $\overline{}$ \mathcal{N}_{a}
NAME	SPECTER, ERIC		6.3 STREET ADDRESS	***10800.00	4.22

14. If do hereby certify that the information supplied with this filing 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 the receiver or trustee entrearered 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 are attachment with a additional statute.

6.3 STREET ADDRESS

64 CITY - ST- ZIP

SIGNATURE: 1

450 WINKS LANE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.88.96 (215)633-4624

CR2E034 (12/95)