

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # **K14581** (8)
1. Corporation Name
BERWICK INDUSTRIES, INC.

95 MAY -1 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **THE ADMINISTRATIVE BUILDING BOMBOY LANE & NINTH STREET BERWICK PA 18603**
Mailing Address: **THE ADMINISTRATIVE BUILDING BOMBOY LANE & NINTH STREET BERWICK PA 18603**

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

3. Date of Incorporation or Qualification	3a. Date of Last Report
02/11/1988	04/25/1994
4. FID Number	Applied For / Not Applicable
24-0775911	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation is complying with provisions of Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number or Post Office)	FL
B3. City	
B4. City	

11. The agent for this corporation has been duly appointed by the Florida Statutes, the above named corporation, and this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida, has been authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the appointment of this agent under Florida Statutes.

SIGNATURE: _____

12. CURRENT REGISTERED AGENTS	13. ADDITIONAL AGENTS TO CONTACT AND OFFICE CHANGES																																																																																																																																				
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.01(3)(b) Florida Statutes. I further certify that the information is correct on the annual report or supplementary annual report as filed and is true and accurate and that my signature shall have the same legal effect and make public said information as if it were filed in the office of the Secretary of State. I further certify that my signature shall have the same legal effect and make public said information as if it were filed in the office of the Secretary of State. I further certify that my signature shall have the same legal effect and make public said information as if it were filed in the office of the Secretary of State. I further certify that my signature shall have the same legal effect and make public said information as if it were filed in the office of the Secretary of State.

SIGNATURE:  **JOHN PINTI, PRESIDENT AND CHIEF EXECUTIVE OFFICER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 (717) 752-5934
 0489368 FN