

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 17 1997 8:00am
Secretary of State

DOCUMENT # L57090 (7)
1. Corporation Name
BLANDING, INC.



Principal Place of Business Mailing Address
% CORPORATION SERVICE COMPANY % CORPORATION SERVICE COMPANY
1201 HAYS STREET 1201 HAYS STREET
TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	03/14/1990	03/29/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	52-1680429	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28		
Zip	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	29	Trust Fund Contribution	
Country	Country	8. This corporation owes or has paid the current year Intangible	
25	30	Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ROGERS, ROBERT G.	1.2 NAME	
STREET ADDRESS	455 PENNSYLVANIA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WASHINGTON PA	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	MASSIMINI, DANTE J.	2.2 NAME	
STREET ADDRESS	455 PENNSYLVANIA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WASHINGTON PA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LINN, JEFFREY A	3.2 NAME	
STREET ADDRESS	455 PENNSYLVANIA AVE STE 135	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WASHINGTON PA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	WELLER, JONATHAN B	4.2 NAME	
STREET ADDRESS	455 PENNSYLVANIA AVE STE 135	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT WASHINGTON PA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do 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.

CR2E034 (4/97)