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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L76807**

(1)

1. Corporation Name

ALLIED/WESTERN VENTURES, INC.

Principal Place of Business

925 HARVEST DR
STE 210
BLUE BELL PA 19422
US

Mailing Address

% E S URDANG REAL ESTATE
925 HARVEST DR. STE 210
BLUE BELL PA 19422
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1990

3a. Date of Last Report

02/10/1994

4. FEI Number

23-2647085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Urdang & Assoc. Real Estate

2a. Mailing Address

26 630 W. Germantown Pike

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite 321

27 Suite 321

City & State

City & State

23 Plymouth Meeting, PA

28 Plymouth Meeting, PA

24 19462

25 USA

29 19462

30 USA

9. Name and Address of Current Registered Agent

BRCMC INC.
1401 FORUM WAY
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

C T Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 S Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

I, 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

PETER F. SOUZA
ASSISTANT SECRETARY

6/6/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	URDANG, E. SCOTT
STREET ADDRESS	925 HARVEST DR, S-210
CITY, ST, ZIP	BLUE BELL PA
TITLE	VS
NAME	BLUM, DAVID J.
STREET ADDRESS	925 HARVEST DR, S-210
CITY, ST, ZIP	BLUE BELL PA
TITLE	V
NAME	NOVICK, STEVEN C
STREET ADDRESS	925 HARVEST DR, STE 210
CITY, ST, ZIP	BLUE BELL PA
TITLE	V
NAME	SANFILIPPO, VINCENT
STREET ADDRESS	925 HARVEST DR, STE 210
CITY, ST, ZIP	BLUE BELL PA
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	☒ Change ☐ Addition
1.2 NAME	E. Scott Urdang	
1.3 STREET ADDRESS	630 W. Germantown Pike, Suite 321	
1.4 CITY, ST, ZIP	Plymouth Meeting, PA 19462	
2.1 TITLE	V/S	☒ Change ☐ Addition
2.2 NAME	David J. Blum	
2.3 STREET ADDRESS	630 W. Germantown Pike, Suite 321	
2.4 CITY, ST, ZIP	Plymouth Meeting, PA 19462	
3.1 TITLE	V	☒ Change ☐ Addition
3.2 NAME	Steven C. Novick	
3.3 STREET ADDRESS	630 W. Germantown Pike, Suite 321	
3.4 CITY, ST, ZIP	Plymouth Meeting, PA 19462	
4.1 TITLE	V	☒ Change ☐ Addition
4.2 NAME	Vincent Sanfilippo	
4.3 STREET ADDRESS	630 W. Germantown Pike, Suite 321	
4.4 CITY, ST, ZIP	Plymouth Meeting, PA 19462	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

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****200.00 ****200.00

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 if changed, or on an attachment with an address.

SIGNATURE: *David J. Blum* David J. Blum

4-28-95 610-834-9500