

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M75983 (0)

1. Corporation Name

F M SOUTHEAST, INC.



Principal Place of Business

Mailing Address

250 KING OF PRUSSIA ROAD
RADNOR PA 19087

250 KING OF PRUSSIA ROAD
RADNOR PA 19087

3. Date Incorporated or Qualified

04/11/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

23-2510510

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

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, if not applicable

NOTE: Registered Agent Signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MULLIN, ARTHUR W	
STREET ADDRESS	250 KING OF PRUSSIA RD.	
CITY-ST-ZIP	RADNOR PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KNOX, THOMAS J	
STREET ADDRESS	250 KING OF PRUSSIA RD.	
CITY-ST-ZIP	RADNOR PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BIXLER, ROBERT	
STREET ADDRESS	250 KING OF PRUSSIA RD	
CITY-ST-ZIP	RADNOR PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KELICAN, JAMES W	
STREET ADDRESS	250 KING OF PRUSSIA RD.	
CITY-ST-ZIP	RADNOR PA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	TAMASITIS, MARGARET	
STREET ADDRESS	250 KING OF PRUSSIA RD.	
CITY-ST-ZIP	RADNOR PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	19087
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	TAYLOR, WILLIAM S.
2.4 CITY-ST-ZIP	250 KING OF PRUSSIA RD.
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	RADNOR PA 19087
3.4 CITY-ST-ZIP	19087
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	200001808742
4.4 CITY-ST-ZIP	-05/06/96--01028--018
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	***200.00
5.4 CITY-ST-ZIP	19087
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	19087

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 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 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:

Margaret Tamasis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET TAMASITIS

Date

(610) 964-7233

Daytime Phone #

CR2E034 (12/95)