

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P11852 (1)  
1. Corporation Name  
PENN-SOTA, INC.

Principal Place of Business 125 FAIRFIELD AVE. JOHNSTOWN PA 15906	Mailing Address 125 FAIRFIELD AVE. JOHNSTOWN PA 15906
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1986	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number 59-0997060	
22 City & State	27	28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

MACY, WILLIAM  
2129 RINGLING BLVD  
SARASOTA FL 34237

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

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACY, WILLIAM	1.2 NAME	
STREET ADDRESS	2129 RINGLING BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALAYDA, ROBERT	2.2 NAME	
STREET ADDRESS	1335 EISENHOWER BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	JOHNSTOWN PA	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHILEY, STANLEY	3.2 NAME	
STREET ADDRESS	1333 EISENHOWER BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	JOHNSTOWN PA	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAGOVICH, ANN	4.2 NAME	
STREET ADDRESS	421 FAIRFIELD AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	JOHNSTOWN PA	4.4 CITY - ST - ZIP	
TITLE	STD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHONEK, W.E.	5.2 NAME	
STREET ADDRESS	843 FRANCO AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	JOHNSTOWN PA	5.4 CITY - ST - ZIP	
TITLE	DAST	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, RICHARD J JR	6.2 NAME	
STREET ADDRESS	305 FRANKLIN ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	JOHNSTOWN PA	6.4 CITY - ST - ZIP	

14. I 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.

SIGNATURE:

*Robert Galayda* ROBERT GALAYDA 4/19/98

CR2E034 (10/97)