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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P14942

(7)

| Principal Place of Business Mailing Address 1801 MARKET ST 1801 MARKET ST 1801 MARKET ST 1801 MARKET ST | | | | | | | | | | |
|---|--|--|--------------------------------|---------------------------------|-----------------------|---|--|---------------|----------|-------------------------------|
| PHILADELPHIA PA 19103 US | | PHILADELP US | PHILADELPHIA PA 19103 US | | | 3. Date incorporated or Qualified 3a. Date of Last Report | | | • | |
| | | | | | | | 06/23/1987 | (| 02/22/19 | |
| 2. Principal Plac 21 | e of Business | 2a. Mailing Add | lress | | | | 4. FEI Number 23-2466230 | | | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. | Suite, Apt. #, etc | | | Certificate of Status Desired | \$8.75 Additional | | | |
| 22 | | 27 | | | | | 6. Election Campaign Financing | | | May Be |
| City & State | | City & State | ; | | | | Trust Fund Contribution | | | o may be dito Fees |
| 23 Zip | | | Zip Gountry | | | | 8. This corporation has liability for | intangible ta | | |
| 24 | 25 | 29 | 30 | | | | Florida Statutes Yes No | | | |
| 24 | 9. Name and Address of Curr | | | <u>' T</u> | | | 10. Name and Address of New I | Registered A | Agent | |
| | | | | 81 | N | ame | | | | |
| CT CO | RPORATION SYSTEM | | | 82 | St | reet Addr | ess (P.O. Box Number is Not Acceptal | ole) | | |
| 1200 S | . PINE ISLAND ROAD | | | | _ | | | | | |
| PLANT/ | ATION FL 33324 | | | 83 | ŀ | | | | | |
| | | | | 84 | С | ity | | FL | 85 Zip | p Code |
| or registere familiar with | d agent, or both, in the State of Fl n, and accept the obligations of S | londa, Such change wa ection 607,0505, Florid | is authorized by a Statutes | y the corp | oran | ion s boa | ration submits this statement for the pured of directors. I hereby accept the approximation of the state of t | DATE | | |
| 12. | OFFICERS. | AND DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OF | | DIRECTO | DHS IN 12 Addition |
| TITLE | D | D | ELETE | 1. 1 TITLE | | | • | L | unange | Addition |
| NAME | DINGUS, M.H.R. | | | 1.2 NAME | | | | | | |
| STREET ADORESS | 1801 MARKET ST | | | 1.3 STREET | | | | | | |
| CITY - ST - ZIP | PHILADELPHIA PA | ADELPHIA PA | | | ST - ZI | <u>e</u> | | | Change | Addition |
| TITLE | \$ | | | | 2 1 FITLE 2 2 NAME | | | L | | |
| NAME | BROWNLIE, THOMAS JE | ₹ | | | 1 400 | nree | | | | |
| STREET ADDRESS | 1801 MARKET ST | | | 2.3 STREET | | | | | | |
| CITY-ST-ZIP | PHILADELPHIA PA | | | 2 4 CrTY - ST - ZIP 3 1 THLF | | r | | | Change | Addition |
| TITLE | VD ezilisen e i | <u></u> | | 3 2 NAME | | | - | | - | • |
| NAME CIOCCI ADODICES | SZILIER, G.J. | | | 3.3 STREE | - LAD | ORESS | | | | |
| STREET ADDRESS | 1801 MARKET ST PHILADELPHIA PA | | | 3.4 O/TY-S | | į. | | | | |
| CITY-ST-ZIP TITLE | P | | ELFIE | 4 TITLE | | | | [| Change | ☐ Addition |
| NAME | OSBURN, S H | <u></u> | | 4.2 NAME | | | | | | |
| STREET ADDRESS | 501 N A1A | | | 4.3 STREET | T ADI | DRESS | | | | |
| CITY-ST-ZIP | JUPITER FL | | | 44 CITY | | | | | | |
| TITLE | VD | | ELETE | 5 1 TITLE | | | | | Change | ☐ Addition |
| NAME | MULHOLLAND, P.A. | | | 5.2 NAM: | | | | | | |
| STREET ADDRESS | 1801 MARKET ST | | | 5.3 STREE | I ADI | DRESS | | | | |
| City+S1-7iP | PHILADELPHIA PA | | | 5.4 CITY - 1 | \$1-7 | P | | | | |
| THILE | 7 | | ELE1E | 6 1 THEF | | | | - | Change | Addition |
| NAME | JONES, P M | | | 6.2 NAME | | | | | | |
| STREET ACORESS | 1801 MARKET ST | | | 6.3 STREE | DA 1 | DRESS | | | | |
| CITY ET JID | PHII ADEI PHIA PA | | | 6.4 CHY - | St-2 | IP I | | | | |

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 cath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 33 if chaptar 3, or or an attachment with an address.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPEO OR PRINTED NAME DI SIGNING OFFICER OR DIRECTOR