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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22 1997 8:00am Secretary of State

25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this state office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I agent 1 and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or puniconamic of registered agent and tile if applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANG 11. TITLE DINGUS, M.H.R. 12. NAME DINGUS, M.H.R. 13. STREET ADDRESS 13. STREET ADDRESS 14. DITY-ST-ZIP PHILADELPHIA PA 14. DITY-ST-ZIP PHILADELPHIA PA 14. DITY-ST-ZIP PHILADELPHIA PA 15. PHILADELPHIA	is Desired	\$8.75 Fee Re \$5.00 Added e tax under s No Agent	pplied For ot Applicable Additional equired May Be to Fees s. 199.032.
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NAME JONES, P.M. 62 NAME			
STREET ADDRESS 1801 MARKET ST 63 STREET ADDRESS			
City-St-76 PHILADELPHIA PA 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), information undicated on this agreed report or supplemental applied report is true and accurate and that my signature shall have			

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 or. I am an officer or director of the corporation or the receiveror 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 chapter ft. or on an artiforment with an address.

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