

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 # **P21840** (4)

1. Corporation Name

LAUREL OAK REALTY CORPORATION

Principal Place of Business

**1801 MARKET ST
PHILADELPHIA PA 19103
US**

Mailing Address

**1801 MARKET ST
PHILADELPHIA PA 19103
US**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current 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

3. Date Incorporated or Qualified

11/21/1988

3a. Date of Last Report

02/22/1995

4. FEI Number

23-2533524

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

10. Name and Address of New Registered Agent

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 or director, if applicable)

(Note: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DINGUS, M.H.R.	
STREET ADDRESS	1801 MARKET ST	
CITY- ST- ZIP	PHILADELPHIA PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SZLIER, G.J.	
STREET ADDRESS	1801 MARKET ST	
CITY- ST- ZIP	PHILADELPHIA PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MULHOLLAND, P.A.	
STREET ADDRESS	1801 MARKET ST	
CITY- ST- ZIP	PHILADELPHIA PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JONES, P. M	
STREET ADDRESS	1801 MARKET ST	
CITY- ST- ZIP	PHILADELPHIA PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWNLIE, T., JR.	
STREET ADDRESS	1801 MARKET ST	
CITY- ST- ZIP	PHILADELPHIA PA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	OSBURN, S.H.	
STREET ADDRESS	501 N. A1A	
CITY- ST- ZIP	JUPITER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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, changed, on an attachment with an address.

SIGNATURE:

Thomas Brownlie Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 215-977-6236
Daytime Phone #

CR2E034 (12/95)