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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 19103-1626
US**

3. Date Incorporated or Qualified 11/21/1988	3a. Date of Last Report 04/10/1996
4. FEI Number 23-2533524	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR/PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DINGUS, M.H.R.	1.2 NAME	OSBURN S.H.
STREET ADDRESS	1801 MARKET ST	1.3 STREET ADDRESS	1801 MARKET ST.
CITY - ST - ZIP	PHILADELPHIA PA	1.4 CITY - ST - ZIP	PHILADELPHIA, PA. 19103
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZILIER, G.J.	2.2 NAME	
STREET ADDRESS	1801 MARKET ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULHOLLAND, P.A.	3.2 NAME	
STREET ADDRESS	1801 MARKET ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, P. M	4.2 NAME	
STREET ADDRESS	1801 MARKET ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNIE, T., JR.	5.2 NAME	
STREET ADDRESS	1801 MARKET ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	5.4 CITY - ST - ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBURN, S.H.	6.2 NAME	
STREET ADDRESS	501 N. A1A	6.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL	6.4 CITY - ST - ZIP	

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), 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: Thomas Brownie **REQUIRED** APRIL 2, 1997 215-977-6236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)