

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P26509** (0)

1. Corporation Name

PENNSYLVANIA FASHIONS, INC.



Principal Place of Business

**155 THORNHILL RD.
WARRENDALE PA 15086-7527**

Mailing Address

**155 THORNHILL RD.
WARRENDALE PA 15086-7527**

3. Date Incorporated or Qualified

10/17/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

25-1311645

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature of person or persons named registered agent and the state agent

Signature of Registered Agent (if change is required, attach new signature)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
VPC
KLEIN, EUGENE J.
STREET ADDRESS
2471 MT. ROYAL RD.
CITY-ST-ZIP
PITTSBURG PA

TITLE ☐ DELETE

NAME
PDCE
KLEIN, CARY
STREET ADDRESS
7 GREEN BRIER DR.
CITY-ST-ZIP
ALLISON PARK PA

TITLE ☐ DELETE

NAME
VPD
KLEIN, ALBERT
STREET ADDRESS
397 EDMERE WAY N.
CITY-ST-ZIP
NAPLES FL

TITLE ☐ DELETE

NAME
AST
THOMAS, RHONDA
STREET ADDRESS
7960 MARKET ST, APT 9
CITY-ST-ZIP
BOARDMAN OH

TITLE ☐ DELETE

NAME
SD
SILVERMAN, AMY
STREET ADDRESS
1326 DOETRAIL DRIVE
CITY-ST-ZIP
ALLEN TOWN PA

TITLE ☐ DELETE

NAME
VP
BELLINO, GEORGE A.
STREET ADDRESS
321 RUSTIN WAY
CITY-ST-ZIP
WEXFORD PA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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)(b), 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert S. Beane ROBERT S. BEANE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

41192

(412) 776 9780 46
Telephone #

CR2E034 (12/95)