

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/17/1989		3a. Date of Last Report 04/11/1996	
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc.		4. FEI Number 25-1311645		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New 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			

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	VPC	<input type="checkbox"/> DELETE		1.1 TITLE	VICE PRESIDENT OF FINANCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KLEIN, EUGENE J.			1.2 NAME	ROBERT M. SPOKANE		
STREET ADDRESS	2471 MT. ROYAL RD.			1.3 STREET ADDRESS	108 ANTLER HOLLOW COURT		
CITY-ST-ZIP	PITTSBURG PA			1.4 CITY-ST-ZIP	CRANBERRY TWP. PA 16066		
TITLE	PDCE	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLEIN, CARY			2.2 NAME			
STREET ADDRESS	7 GREEN BRIER DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ALLISON PARK PA			2.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLEIN, ALBERT			3.2 NAME			
STREET ADDRESS	397 EDMERE WAY N.			3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			3.4 CITY-ST-ZIP			
TITLE	AST	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, RHONDA			4.2 NAME			
STREET ADDRESS	7960 MARKET ST, APT 9			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOARDMAN OH			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVERMAN, AMY			5.2 NAME			
STREET ADDRESS	1326 DOETRAIL DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	ALLENTOWN PA			5.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELLINO, GEORGE A.			6.2 NAME			
STREET ADDRESS	321 RUSTIN WAY			6.3 STREET ADDRESS			
CITY-ST-ZIP	WEXFORD PA			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:

Robert M. Spokane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT M. SPOKANE

Date

412-776-9780

Daytime Phone #

CR2E034 (9/96)