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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

P27853

(1)

AMERICAN COMMONWEALTH MANAGEMENT SERVICES COMPAN Y, INC.

| Y, INC. Principal Place of Business Mailing Address |  |   |  |   |   |                                |                               |                  |  |
|---|--|---|--|---|---|--------------------------------|-------------------------------|------------------|--|
|   |  |   |  |   |   | IBB fili Gibii B               |                               | II UIUH DHUK IUU |  |
| P.O. BOX 460<br>HERSHEY PA 17033                    |  | P.O. BOX 460<br>HERSHEY PA 17033                                  |  |   |   |                                |                               |                  |  |
|   |  |   |  |   | 3. Date Incorporated or Qualified 01/25/1990  |                                | of Last R<br><b>06/14/1</b> 9 |                  |  |
| 2. Principal Place of Business 2a. Mailing Addr     |  |   | oss  |   |   | F4 0000040                     |                               | Applied For      |  |
| 21   Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.   |  |   | - \$8.75 Additio  |                                | Not Applicable Additional     |                  |  |
| 22  |  | 27]   |  | 5. Certificate of Status Desired Fee Required           |   |                                |                               |                  |  |
| Crty & State<br>23                                  |  | Orty & State  |  | Flection Campaign Financing     Trust Fund Contribution |   | \$5.00 May Be<br>Added to Fees |                               |                  |  |
| Zip Country 25                                      |  | 29 30 30  |  |   | 8. This corporation has liability for Florida Statutes 💢 Yes  | intangible ta<br>              |                               |                  |  |
|   | 9. Name and Address of Curren  | Registered Agent  |  | r   | 10. Name and Address of New F   | tegistered                     | Agent                         |                  |  |
| CT CORPORATION EVETTAL                              |  |   | 81   | Name  |   |                                |                               |                  |  |
|   | RPORATION SYSTEM<br>. PINE ISLAND ROAD   |   | 82 Street  |   | Address (P.O. Box Number is Not Acceptat  | nle)                           |                               |                  |  |
| PLANTATION FL 33324                                 |  |   | 83   |   |   |                                |                               |                  |  |
|   |  |   | 84   | City  |   |                                | 85 Zı                         | n Code           |  |
|   |  |   |  | L   | rporation submits this statement for the pu   | FL                             | . I. L.                       |                  |  |
| SIGNATURE.  | I, and accept the obligations of, Sections Synthesis byen or primaring of registered agent OFFICERS AND PVD SCHMIDT, J STEPHEN CR. SANDBEACH & BOATH | and ster if appearable (No. 1967) DIFFE CTORS DELETE              |  |   | ADDITIONS/CHANGES TO OFF  |                                | DIRECTO<br>Change             | ORS IN 12        |  |
| CITY - ST - ZIP                                     | DESCRIPTION OF   |   | 1.3 STREET   |   |   |                                |                               |                  |  |
| TIFLE   | T  | [] DELETE   | 2 11111  |   |   | ]                              | Change                        | Addition         |  |
| NAME STREET ADDRESS ONY STIZIP                      | DAVIS, ROBERT L<br>CR. SANDBEACH & BOATHOUSE ROADS<br>HERSHEY PA 17033   |   | 2.2 NAME<br>2.3 STHEET ADDRESS<br>2.4 CITY - ST- ZIP |   |   |                                |                               |                  |  |
| THEF  | 8  | DELETE  | 3 1 11/11  |   |   | ]                              | Change                        | Addition         |  |
| NAME:   | POHL, W TIMOTHY  |   | 3.2 NAME   |   |   |                                |                               |                  |  |
| STREET ADDRESS                                      | 1025 LAUREL OAK ROAD<br>VOORHEES NJ 08043  |   |  | I ADDRESS   |   |                                |                               |                  |  |
| CITY-ST-ZIP<br>TITLE                                | D  | <b>⊠</b> DELETE   | 3.4 CITY - 5<br>4.1 THILE                            | 51-71"  | <b>2</b>  | <u>.</u>                       | Change                        | Addition         |  |
| NAME  | BARR, J JAMES  |   | 4.2 NAME   |   | GLYNN EASTMAN   | •                              |                               | -                |  |
| STREET ADDRESS                                      | 1025 LAUREL OAK ROAD   |   | 43 STHEET  | ADDRESS   | 1025 LAUREL DAKROA  | D.                             |                               |                  |  |
| CITY-ST ZIP   | VOORHEES NJ 08043  |   | 4.4 City - 9   | 31 <u>- ZP</u>  | VOURHEES NJ 080   | >43                            |                               |                  |  |
| THE   | D  | <b>⊠</b> DEFETE   | 5 1 HILE   |   | $\overline{D}$  | {                              | Change                        | Addition         |  |
| NAM:  | JOHNSTONE, GEORGE W  |   | 5.2 NAME   |   | DAVID LATHAM  | _                              |                               |                  |  |
| STREET ADDRESS                                      | 1025 LAUREL OAK ROAD<br>VOORHEES NJ 08043  |   | 5.3 STPEFT   |   | 1025 LAUREL OAK RI  |                                |                               |                  |  |
| CHY-S1-ZIP<br>THEE                                  | TOURILLES INJ UOU43  | DELETE  | 5.4 CHTY - S<br>6. 1 TiTue                           | 11 · Zb <sup>1</sup>                                    | DOORHEES NJ 080   |                                | Change                        | M Addition       |  |
| NAME  |  |   | 6.2 NAME   |   | EDWARD W. LIMBACH   | -                              |                               | A Madreton       |  |
| STREET ADDRESS                                      |  |   | 63 STREET  | ADDRESS   | 1025 LAUREL OAK RO  | OAD                            |                               |                  |  |
| CITY-ST-ZIP   |  |   | 6.4 CiTY-5   |   | VOORHEES NJ. 08   |                                |                               |                  |  |
| certify that<br>eath, that I                        | the information indicated on this annu   | al report or supplemental ann<br>ration or the receiver or truste | iual report is tri<br>e enipowered                   | s not qual<br>ie and ac                                 | fy for the exemption stated in Section 119<br>curate and that my signature shall have the<br>this report as required by Chapter 607, Fl | L07(3)(k), Flo<br>same legal   | effect as if                  | f made under     |  |

SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/28/96 (717) 531-3330

:R2E034 (12/95)