

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P31899 (8)**
1. Corporation Name **LOREL MARKETING GROUP, INC.**



Principal Place of Business: **500 N. GULPH ROAD, SUITE 307 KING OF PRUSSIA PA 19406 US**
Mailing Address: **500 N. GULPH ROAD, SUITE 307 KING OF PRUSSIA PA 19406 US**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt #, etc.					Suite, Apt #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified: **11/27/1990**
3a. Date of Last Report: **05/22/1995**
4. FEI Number: **23-2474268**
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
**SIMPSON, LARRY D
1102 NORTH GADSDEN STREET
TALLAHASSEE FL 32303**

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 **FL**

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's signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUDNICK, LORNA	
STREET ADDRESS	720 ROBERTS ROAD	
CITY-ST-ZIP	BRYN MAWR PA 19010	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POWELL, ARTHUR	
STREET ADDRESS	1742 HAMILTON DRIVE	
CITY-ST-ZIP	VALLEY FORGE PA 19481	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GIRLING, ROBERT	
STREET ADDRESS	872 ROBIN HOOD DRIVE	
CITY-ST-ZIP	ALLENTOWN PA 18103	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHAEFFER, HAROLD	
STREET ADDRESS	1021 GREEN VALLEY RD	
CITY-ST-ZIP	BRYN MAWR PA 19010	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GANTMAN, LEWIS	
STREET ADDRESS	1815 GERSON DRIVE	
CITY-ST-ZIP	PENN VALLEY PA 19072	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEE, DONNA	
STREET ADDRESS	74 JENNIFER DRIVE	
CITY-ST-ZIP	CHESTER SPRINGS PA 19420	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13-I-I changed, or on an attachment with an address.

SIGNATURE: *Lorna Rudnick* 7/22/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **LORNA RUDNICK**

CR2E034 (3/96)