

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Jul 30 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 # P34463 (0)

1. Corporation Name
ROBERT E. LAMB, INC.



Principal Place of Business P. O. BOX 821 VALLEY FORGE PA 19482	Mailing Address P. O. BOX 821 VALLEY FORGE PA 19482
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/02/1991	3a. Date of Last Report 11/27/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 23-0783771	Applied For <input type="checkbox"/> 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	25	29	30

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	CTD LAMB, ROBERT E II	1.1 TITLE	
NAME	21 REBEL ROAD	1.2 NAME	
STREET ADDRESS	WAYNE PA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPSD PAULINE, ALFRED R	2.1 TITLE	
NAME	2339 TURNBURY ROAD	2.2 NAME	
STREET ADDRESS	GILBERTSVILLE PA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PT STERCHAK, JOSEPH M	3.1 TITLE	
NAME	3717 WORTHINGTON ROAD	3.2 NAME	
STREET ADDRESS	COLLEGEVILLE PA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD PETERMAN, JOHN J	4.1 TITLE	
NAME	1411 NECTAR LANE	4.2 NAME	
STREET ADDRESS	WEST CHESTER PA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V SHATT, JOSEPH A	5.1 TITLE	Vice President
NAME	13 CHESTNUT DRIVE	5.2 NAME	Shatt, Joseph A.
STREET ADDRESS	DOYLESTOWN PA	5.3 STREET ADDRESS	1306 E. Butler Pike
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ambler, PA 19002
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, the register 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 in an attachment to my address.

SIGNATURE: _____ 7/23/97 610-666-9200

CR2E034 (4/97)