

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 12 1996 8:00 am
Secretary of State

DOCUMENT # P34741

(9)

1. Corporation Name

RONALD BLUESTEIN & ASSOCIATES, P.C.

Principal Place of Business

1530 CHESTNUT ST.
SUITE 606
PHILADELPHIA PA 19102

Mailing Address

1530 CHESTNUT ST.
SUITE 606
PHILADELPHIA PA 19102

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

COHEN FRED ESQUIRE
COHEN, CHERNAY NORRIS MORICI ETC.
712 US HIGHWAY ONE 4TH FLOOR
N PALM BEACH FL 33408

81	Name
82	Street Address (P.O. Box Numbers 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

12. OFFICERS AND DIRECTORS

TITLE	CDP	☐ DELETE
NAME	BLUESTEIN, RONALD	
STREET ADDRESS	1352 BOBARN DR.	
CITY-STATE-ZIP	NARBERTH PA	
TITLE	T	☐ DELETE
NAME	BLUESTEIN, RONALD	
STREET ADDRESS	1352 BOBARN DR.	
CITY-STATE-ZIP	NARBERTH PA	
TITLE	S	☐ DELETE
NAME	SIMONS, EILEEN	
STREET ADDRESS	1530 CHESTNUT ST STE 606	
CITY-STATE-ZIP	PHILADELPHIA PA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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 disclosed 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 or 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: *Ronald Bluestein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RONALD BLUESTEIN

3/24/96
215-561-2444
CR2E034 (12/95)