

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

FILED
Apr 16 1997 8:00am
Secretary of State

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

DOCUMENT # P35697 (2)
1. Corporation Name
THE REOHR GROUP, INC.



Principal Place of Business POST OFFICE BOX 80240 VALLEY FORGE PA 19484-0240	Mailing Address POST OFFICE BOX 80240 VALLEY FORGE PA 19484-0240
--	--

2. Principal Place of Business 21 The Reohr Group Inc Suite, Apt. #, etc. 22 676 E. Swedesford Rd Suite 200 City & State 23 Wayne, PA Zip 24 19087		2a. Mailing Address 26 The Reohr Group, Inc Suite, Apt. #, etc. 27 676 E. Swedesford Rd Suite 200 City & State 28 Wayne, PA Zip 29 19087		3. Date Incorporated or Qualified 09/27/1991		3a. Date of Last Report 04/29/1996	
				4. FEI Number 23-2265730		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HARGREAVES, CAL 10348 CARROLLWOOD LANE TAMPA FL 33618				10. Name and Address of New Registered Agent 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	NAME	1.1 TITLE	1.2 NAME
P	ENGLISH, ROBERT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
616 NEWTON ST. RD.		1.3 STREET ADDRESS	
NEWTOWN PA		1.4 CITY-ST-ZIP	
VP	GINTOWT, KRISTOFF	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TREATY CHESTERBROOK		2.2 NAME	
WAYNE PA		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
T	YOHANNAN, LEE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2407 WINDFIELD CT.		3.2 NAME	
GLEN MILLS PA		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		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:  4/16/97 610-687-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)