

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0113005

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P35697**

(2)

1. Corporation Name

THE REOHR GROUP, INC.

FILED

98 OCT 20 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

THE REOHR GROUP INC
676 E SWEDES FORD RD STE 200
WAYNE PA 19087
US

Mailing Address

THE REOHR GROUP, INC
676 E SWEDES FORD RD SUITE 200
WAYNE PA 19087
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

09/27/1991

4. FEI Number

23-2265730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☒ Yes

☐ 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

G.B. Johnson

82 Street Address (P.O. Box Number is Not Acceptable)

10151 DEERWOOD PARK BLVD Bldg. 200 Suite 200

83

84 City

Jacksonville

FL

85 Zip Code

32256

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, for 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

Vice President

10/16/98

Signature, typed or stamped name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ENGLISH, ROBERT
STREET ADDRESS 616 NEWTON ST. RD.
CITY-ST-ZIP NEWTOWN PA
☐ DELETE

TITLE VP
NAME GINTOWT, KRISTOFF
STREET ADDRESS 61 TREATY CHESTERBROOK
CITY-ST-ZIP WAYNE PA
☒ DELETE

TITLE T
NAME YOHANNAN, LEE
STREET ADDRESS 2407 WINDFIELD CT.
CITY-ST-ZIP GLEN MILLS PA
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☒ Change ☐ Addition
300002672953--0
-10/26/98-01117-004
***550.00 ***550.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
SECRETARY
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
CEO
JAMES W. DIXON
676 E. Swedesford Rd
Wayne, PA 19087
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I 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: *Lee Yohannan* SIGNATURE REQUIRED: *Lee Yohannan* 10/15/98 (610) 687-4000

CR2E034 (5/98)