

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNTS DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P39698**
1. Corporation Name

STORES AUTOMATED SYSTEMS, INC.

Principal Place of Business

**311 SINCLAIR ST
BRISTOL PA 19007**

Mailing Address

**311 SINCLAIR ST
BRISTOL PA 19007**

APPROVED
AND
FILED

99 AUG 20 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1992

4. FEI Number

23-2329088

Applied For

Not Applicable

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1261 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **GREENBERG, BERNARD**
STREET ADDRESS **1360 ADAMS ROAD**
CITY-ST-ZIP **BENSALEM PA**

TITLE **VTD** ☐ DELETE

NAME **GREENBERG, STANLEY**
STREET ADDRESS **1360 ADAMS ROAD**
CITY-ST-ZIP **BENSALEM PA**

TITLE **SD** ☐ DELETE

NAME **PARAMITO, ALBERT**
STREET ADDRESS **1360 ADAMS ROAD**
CITY-ST-ZIP **BENASLEM PA**

TITLE **D** ☐ DELETE

NAME **GRASS, MARTIN**
STREET ADDRESS **%RAILROAD & TRINDLE ROAD**
CITY-ST-ZIP **SHIREMANSTOWN PA**

TITLE **D** ☐ DELETE

NAME **BERGONZI, FRANK**
STREET ADDRESS **%RAILROAD & TRINDLE ROAD**
CITY-ST-ZIP **SHIREMANSTOWN PA**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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, changed, or on an attachment with an address.

SIGNATURE

Bernard Greenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-1-99 716-785-4371

014015

CR2E034 (5/99)

sasi

②

August 10, 1999

Florida Department of State
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Filing of Annual Report

To Whom It May Concern:

Enclosed please find our checks for the amounts of \$150.00 and \$8.75. This is to cover the amount of the Annual Report Filing and Certificate of Status.

We inadvertently could not find where it was noted to pay the \$150.00 filing fee, that is why this was not with the original filing. This is the first and only notice we received for the filing of the Annual Report

If you have any questions please contact me at 800-989-7274 extension 575.

Sincerely,

Lou Cohen
Assistant Bookkeeper

LC/Mm

Enclosure

STORES AUTOMATED
SYSTEMS, INCORPORATED
311 Sinclair Street
Bristol, Pennsylvania 19007
215 785 4321
215 785 5FAX