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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:57

DOCUMENT # P92000011785 (2)

1. Corporation Name

USA-HHA, INC.

Principal Place of Business

Mailing Address

% E. SCOTT URDANG REAL ESTATE ADVISORS INC
925 HARVEST DRIVE SUITE 210
BLUE BELL PA 19422

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925 HARVEST DRIVE SUITE 210
BLUE BELL PA 19422

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/15/1992 3a. Date of Last Report 02/07/1994

4. FEI Number 23-2709813 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 has liability for intangible tax under S. 100.002 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Urdang & Assoc. Real Estate 26 630 W. Germantown Pike
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 321 27 Suite 321
City & State City & State
23 Plymouth Meeting, PA 28 Plymouth Meeting, PA
Zip Country Zip Country
24 19462 25 USA 29 19462 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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

(Signature of person accepting appointment as registered agent and new registered agent)

(Signature of Registered Agent (signature required and not necessary))

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME DP
2 NAME URDANG, E S
3 STREET ADDRESS 925 HARVEST DR SUITE 210
4 CITY, ST, ZIP BLUE BELL PA

5 NAME VS
6 NAME BLUM, DAVID J
7 STREET ADDRESS 925 HARVEST DR, STE. 210
8 CITY, ST, ZIP BLUE BELL PA

9 NAME V
10 NAME SANFILIPPO, VINCENT
11 STREET ADDRESS 925 HARVEST DR, STE 210
12 CITY, ST, ZIP BLUE BELL PA

13 NAME V
14 NAME NOVICK, STEVEN C
15 STREET ADDRESS 925 HARVEST DR, STE 210
16 CITY, ST, ZIP BLUE BELL PA

17 NAME

18 NAME

19 STREET ADDRESS

20 CITY, ST, ZIP

21 NAME

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

1 NAME

2 NAME

3 STREET ADDRESS

4 CITY, ST, ZIP

5 NAME

6 NAME

7 STREET ADDRESS

8 CITY, ST, ZIP

9 NAME

10 NAME

11 STREET ADDRESS

12 CITY, ST, ZIP

13 NAME

14 NAME

15 STREET ADDRESS

16 CITY, ST, ZIP

17 NAME

18 NAME

19 STREET ADDRESS

20 CITY, ST, ZIP

21 NAME

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Sections 111.07(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 appointed to care for this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this form. (Changes of officers are accompanied with an affidavit.)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

USA-HHA, INC.

STEVE NOVICK

4-24-95

616-884-9500