

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90049 033 ***150.00

DOCUMENT # P93000018692

1. Corporation Name

ALLIED/WATER STREET, INC.



Principal Place of Business

C/O URDANG & ASSOC. REAL ESTATE
630 GERMANTOWN PIKE. SUITE 321
PLYMOUTH MEETING PA 19462
US

Mailing Address

C/O URDANG & ASSOC REAL ESTATES ADVISORS
630 W. GERMANTOWN PIKE. STE 321
PLYMOUTH MEETING PA 19422
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1993

4. FEI Number

23-2721464

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 Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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

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	DP	<input type="checkbox"/> DELETE
NAME	URDANG, E S	
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 321	
CITY-ST-ZIP	PLYMOUTH MEETING PA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BLUM, DAVID J.	
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 321	
CITY-ST-ZIP	PLYMOUTH MEETING PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NOVICK, STEVEN	
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 321	
CITY-ST-ZIP	PLYMOUTH MEETING PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SANFILIPPO, VINCENT	
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 321	
CITY-ST-ZIP	PLYMOUTH MEETING PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	19462
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	19462
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	19462
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	19462
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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Blum

Date

3-10-99

Daytime Phone #

610-834-9000

CR2E034 (11/98)