

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:57

DOCUMENT # **P93000039178 (7)**

1. Corporation Name
ALLIED/LAKES, INC.

Principal Place of Business: **E S URDANG REAL ESTATE
925 HARVEST DR., STE. 210
BLUE BELL PA 19422
US**

Mailing Address: **C/O E S URDANG REAL ESTATE ADV.
925 HARVEST DR., STE. 210
BLUE BELL PA 19422
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **06/02/1993** 3a. Date of Last Report: **02/08/1994**

4. FEI Number: **23-2729231** 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. The corporation has liability for statements by under § 199.092 Florida Statutes: Yes No

2. Principal Place of Business: **21 Urdang & Assoc. Real Estate** 2a. Mailing Address: **26 630 W. Germantown Pike**

22 Suite, Apt. #, etc: **22 Suite 321** 27 Suite, Apt. #, etc: **27 Suite 321**

23 City & State: **23 Plymouth Meeting, PA** 28 City & State: **28 Plymouth Meeting, PA**

24 Zip: **24 19462** 25 Country: **25 USA** 29 Zip: **29 19462** 30 Country: **30 USA**

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 Applicable): _____

83 _____

84 City: _____ 85 State: **FL** 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: DP URDANG, E S	12.2 STREET ADDRESS: 925 HARVEST DR SUITE 210 BLUE BELL PA	13.1 TITLE: DP	13.2 NAME: E.S. Urdang
12.3 NAME: VS BLUM, DAVID J	12.4 STREET ADDRESS: 925 HARVEST DR., STE. 210 BLUE BELL PA	13.3 STREET ADDRESS: 630 W. Germantown Pike, Suite 321 Plymouth Meeting, PA 19462	13.4 CITY, ST, ZIP: 19462
12.5 NAME: V NOVICK, STEVEN C	12.6 STREET ADDRESS: 925 HARVEST DR., STE. 210 BLUE BELL PA	13.5 TITLE: V	13.6 NAME: David J. Blum
12.7 NAME: V SANFILIPPO, VINCENT	12.8 STREET ADDRESS: 925 HARVEST DR., STE. 210 BLUE BELL PA	13.7 STREET ADDRESS: 630 W. Germantown Pike, Suite 321 Plymouth Meeting, PA 19462	13.8 CITY, ST, ZIP: 19462
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12.99 NAME: _____	12.100 STREET ADDRESS: _____	13.99 TITLE: _____	13.100 NAME: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(6)(b), Florida Statutes. I further certify that the information included on this filing is not a duplicate of any other filing and that my signature shall have the same legal effect as if made in person. 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 1, or Block 2, of this report, in an appropriate filing address.

SIGNATURE: *Steve Novick* **Steve Novick** 4.24.95 606.834.9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR