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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #
1. Corporation Name

P93000039178 (7)

ALLIED/LAKES, INC.											<u> </u>		14 1 01 1 83 11 1814 1884
Principal Place	of Business		Mailing 4	Addrage									
				ailing Address C/O E S Urdang real estate adv. 630 Germantown Pike. Ste 321									
PLYMOUTH	H MEETING I	PA 19462	PLY	PLYMOUTH MEETING PA 19462				-	3 6	ate Incorporated or Qualified	3a. Date	of Look D	
US			US						J. [.	06/02/1993	1		' '
2. Principal Pla	ace of Busine	9SS	2a. Maiing Address						4. F	U0/U2/1993 El Number	.L	<u>05/01/</u> 1	Applied For
21			26	26					23-2729231 Not Applicable				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						5 (Pertificate of Status Desired	<u> </u>		Additional
22]			27						J. (ertilicate of Status Deslied		Fee	Required
City & State)		City & State							lection Campaign Financing	гэ 	\$5.0	O May Be
Zip Country			Zip Country							rust Fund Contribution			d to Fees
24				Zip Cou 30					8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes XX No				199.032,
11	9. Name and Address of Curren									10. Name and Address of New Registered Agent			
						31	Name				icgistores P	gom	
сто		ION SYSTEM				32			ıñΩ				
	S PINE ISL						Street	Address	ss (P.O. Box Number is Not Acceptable)				
	TATION FL				Ī	33	3						
/ - /					ز ا	34	City					Tee 7:	- Code
							-				FL		o Code
11. Pursuant to or registere	o the provisi ed agent, or	ons of Sections 607.0502 both, in the State of Florid	and 607,1508 a. Such chan	3, Florida Statute	s, the above	e-n	amed o	orporatio	n sub	omits this statement for the pur ctors. I heroby accept the app	pose of char	nging its r	egistered office
familiar wit	h, and acce	pt the obligations of, Section	on 607.0505,	Florida Statutes.	o by the cc	u k v	JI ELLION I S	board (ii Qii e	окога. г петрру ассерт ите аррг	onument as i	egistered	agent. i am
SIGNATURE _													i
12.	Signature, typed	or printed name of registered agent a OFFICERS AND			t : Registered A	gent	t signature	required whi		tating) DDITIONS/CHANGES TO OFF	DATE IOCIDO ANIO	DIDECTO	VDC IN 40
TITLE	DP	0.1100.10.11	- Direction Circle	DELETE	1, 1 1/1	F	***************************************	Τ		DDITIONO/OFIANGES TO OFF] Change	Addition
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NAME	BLUM	I, DAVID J			2.2 NAM	1€					-	_	
STREET ADDRESS	• • • • • • • • • • • • • • • • • • •			STE 321 23:			3 STREFT ADDRESS						İ
CITY-ST-ZIP	PLYM	OUTH MEETING PA			2.4 CITY	'- ST	f-ZIP						
TITLE	٧			DELETE	3 1 117:						X	X Change	☐ Addition
NAME		CK, STEVEN C			3 2 NAM								
STREET ADDRESS		. GERMANTOWN PIKE	, STE 321				ADDRESS	630	W.	Germantown Pike	, Ste.	321	
CITY-ST-ZIP TITLE	PLYM V	OUTH MEETING PA		DELETE	3.4 CHY 4.1 HEL		-ZIP	ļ	~			Xoha	E) Address
NAME	•	ILIDDO MNOCHT		F1 percet							12	Change	Addition
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STREET ADDRESS							ADDRESS						
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STREET ADDRESS					6.3 STRI	ET A	ADDRESS	,					ĺ
CITY-ST-ZIP					6.4 CITY	- \$T	- ZIP						
14. I do hereby	y certify that	the information supplied w	ith this filing is	s voluntarily furnis	hed and do	bes	not qua	alify for th	ne exe	emption stated in Section 119.	07(3)(k), Flori	da Statut	es. I further

certify that the information indicated on the 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 attachnept with any address.

SIGNATURE: 🗴

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (010)834-9500