

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 # P93000039178 (7)

1. Corporation Name
ALLIED/LAKES, INC.



Principal Place of Business: **E S URDANG REAL ESTATE SUITE 321 PLYMOUTH MEETING PA 19462 US**
Mailing Address: **C/O E S URDANG REAL ESTATE ADV. 630 GERMANTOWN PIKE, STE 321 PLYMOUTH MEETING PA 19462 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, Zip, and Country.

3. Date Incorporated or Qualified: **06/02/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **23-2729231**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: 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 (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URDANG, E S	1.2 NAME	
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 321	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MEETING PA	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, DAVID J	2.2 NAME	
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 321	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MEETING PA	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVICK, STEVEN C	3.2 NAME	
STREET ADDRESS	630 2. GERMANTOWN PIKE, STE 321	3.3 STREET ADDRESS	630 W. Germantown Pike, Ste. 321
CITY-ST-ZIP	PLYMOUTH MEETING PA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFILIPPO, VINCENT	4.2 NAME	
STREET ADDRESS	630 W. BERMANTOWN PIKE, STE 321	4.3 STREET ADDRESS	630 W. Germantown Pike, Ste. 321
CITY-ST-ZIP	PLYMOUTH MEETING PA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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 any address.

SIGNATURE: *[Signature]* 4/29/96 (610) 834-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)