

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

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Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 19462-1074
US

3. Date Incorporated or Qualified: 06/02/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business

2a. Mailing Address
26 Urdang & Associates

4. FEI Number: 23-2729231
Applied For: Not Applicable

21 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.
630 W. Germantown Pike, Ste 321

5. Certificate of Status Desired:
\$8.75 Additional Fee Required

22 City & State

28 City & State
Plymouth Meeting, PA

6. Election Campaign Financing Trust Fund Contribution:
\$5.00 May Be Added to Fees

23 Zip

29 Zip: 19462

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24 Country

30 Country: US

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
85 Zip Code: FL

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

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

SIGNATURE: David J. Blum David J. Blum 2-24-97 (610) 834-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Line #

CR2E034 (9/96)