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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000054891

1. Corporation Name

XL REALTY CORP.

4 ANDRIODE TIM SULMA TISKS METRY DURY DURY METRI ANDRE ALITE MINER 1987 FORD SULM SUNA

05-06-1999 90113 011 ***150.00

FILED

May 06, 1999 8:00 am Secretary of State

Principal Place of Business Mailing Address								1111 1911 1818	} }	1(8) 1(8) 100Y
800 THE SAFEGUARD BLDG 435 DEVON PARK DRIVE WAYNE PA 19087 800 THE SAFEGUARD BLDG 435 DEVON PARK DRIVE WAYNE PA 19087					;	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
							08/05/1993			
2. Principal P	lace of Business	2a. Mailing Address				4	4. FEI Number			lied For
21 26 26 27 24 4 4 4							<u>58-2066290</u>			Applicable
Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 A		
		City 9 State					• Fleshies Committee Financia		\$5.00	
(+1.) -1.			State			'	Election Campaign Financing Trust Fund Contribution	' 🗆	Added to	
23 Zip	Country	28 Zip	Cou	intry		- ,	8. This corporation owes the cu	rrent vear Inta		
24	· - · · · · · · · · · · · · · · · · · ·			30			Personal Property Tax.			
[24]	9. Name and Address of Current		1551	Π		10	0. Name and Address of New	Registered A	Agent	
				81	Name					
CORPORATION SERVICE COMPANY					Street	Address	(P.O. Box Number is Not Accep	table)	_	
1201 HAYS STREET				82	Street Address (F.O. Dox Number 13 Not Acceptable)					
TALLAHASSEE FL 32301-2525				83						
				84	City				85 Zip C	ode
								FL		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Sta	tutes, the a	bove	-named	corporati	ion submits this statement for the	e purpose of o	changing its r	egistered istered
office of r agent, I a	egistered agent, or both, in the State t m familiar with, and accept the obligat	ions of, Section 607.0505, I	Florida Stat	utes.	uie corpe	Diamon's	board of directors. Thoroby doo	opt into appoin		
SIGNATURE	•	_		_						(
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R					t signature r	equired whe	n reinstating) ADDITIONS/CHANGES TO C	DATE CELCEDS AN	D DIRECTO	2C IN 12
12.	OFFICERS ANI	D DELETE	13.	m.r.		VP	ADDITIONS/CHANGES TO C	FFICERS AN	Change	Addition
TITLE	VSB- EXEC VP + SECR		1.2 N				ES E WELLMAN	/		
NAME	OUNSWORTH, JAMES 800 THE SAFEGUARD BLDG 43	SE DEVIAN DADK DD			ADDRESS		5 102ND TERRACE	-		J
STREET ADORESS	WAYNE PA	S DEVUN FARK UN	1	TY-S		Crip	ASTIAN FL 3295	58		\
CITY-ST-ZIP	VTD	™ DELETE	1.4 C		3-ZIP	260	HISTIAN PL DATE	/ 0	[] Change	Addition
TITLE		EN DELETE	22 N							_
NAME	Wilk, Gerald 800 The Safeguard Bldg 43	E DEVIAN DADK UD			ADDRESS					
STREET ADDRESS		S DEVON PARK DR				Į.				(
TITLE	PD WAYNE PA			CITY-S	1-21					
	ן דט	X DFLFTE	317	ITI E					[] Change	☐ Addition
NAME	DOOT CHADLES A	⊠ DELETE	3.1 T						Change	☐ Addition
ATDEET 1000000	ROOT, CHARLES A.	_	3.2 N	AME	· ADDRESS				Change	☐ Addition
STREET ADDRESS	800 THE SAFEGUARD BLDG 42	_	3.2 N 3.3 S	AME TREET	ADDRESS				Change	☐ Addition
CITY-ST-ZIP	800 THE SAFEGUARD BLDG 42 WAYNE PA	25 DEVON PARK DR	3.2 N 3.3 S 3.4. C	AME TREET					Change	☐ Addition
CITY-ST-ZIP TITLE	800 THE SAFEGUARD BLDG 42 WAYNE PA AT PRES & TREAS	_	3.2 N 3.3 S 3.4. C	AME TREET CITY-S ITLE						
CITY-ST-ZIP TITLE NAME	800 THE SAFEGUARD BLDG 42 WAYNE PA AT PRES & TREAS MILES, MICHAEL	25 DEVON PARK DR	3.2 N 3.3 S 3.4. C 4.1 T 4. 2 N	AME TREET CITY-S ITLE NAME	T-ZIP					
CITY-ST-ZIP TITLE NAME STREET ADDRESS	800 THE SAFEGUARD BLDG 42 WAYNE PA AT PRES 4 TREAS MILES, MICHAEL 800 THE SAFEGUARD BLDG 43	25 DEVON PARK DR	3.2 N 3.3 S 3.4. C 4.1 T 4. 2 N 4.3 S	TREET CITY-S ITLE VAME	T-ZIP ADDRESS					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 THE SAFEGUARD BLDG 42 WAYNE PA AY PRES & TREAS MILES, MICHAEL 800 THE SAFEGUARD BLDG 43 WAYNE PA	25 DEVON PARK DR	3.2 N 3.3 S 3.4. C 4.1 T 4. 2 N 4.3 S	AME TREET CITY-S ITLE VAME TREET	T-ZIP ADDRESS					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	800 THE SAFEGUARD BLDG 42 WAYNE PA AT PRES & TREMS MILES, MICHAEL 800 THE SAFEGUARD BLDG 43 WAYNE PA VPAS	25 DEVON PARK DR DELETE 35 DEVON PARK DR	32 N 33 S 34.0 4.1 T 4.2 N 4.3 S 4.4 C	AME TREET CITY-S ITLE VAME TREET	T-ZIP ADDRESS				Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	800 THE SAFEGUARD BLDG 42 WAYNE PA AT PRES & TREMS MILES, MICHAEL 800 THE SAFEGUARD BLDG 43 WAYNE PA VPAS ROSARD, STEVEN	25 DEVON PARK DR DELETE 35 DEVON PARK DR DELETE	32 N 33 S 34.0 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N	TREET CITY-S TILE VAME TREET TITY-S TITLE	T-ZIP ADDRESS				Change	☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	800 THE SAFEGUARD BLDG 42 WAYNE PA AT PRES & TREMS MILES, MICHAEL 800 THE SAFEGUARD BLDG 43 WAYNE PA VPAS ROSARD, STEVEN	25 DEVON PARK DR DELETE 35 DEVON PARK DR DELETE	32 N 33 S 34.0 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	AME TREET CITY-S ITLE TREET TITLE TREET TREET	T-ZIP ADDRESS T-ZIP ADDRESS				Change	☐ Addition

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 emplowered 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 adachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

WAYNE PA

800 THE SAFEGUARD BLDG 435 DEVON PARK DR

STREET ADDRESS

CITY-ST-ZIP