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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000056221 (3)

1. Corporation Name

PR COUNTRYWOOD, INC.



Principal Place of Business

455 PENNSYLVANIA AVE
SUITE 135
FT WASHINGTON PA 19034

Mailing Address

455 PENNSYLVANIA AVE
SUITE 135
FT WASHINGTON PA 19034

3. Date Incorporated or Qualified

08/11/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME COHEN, SYLVAN M
STREET ADDRESS 12 S. 12TH ST., 22ND FLOOR
CITY-ST-ZIP PHILADELPHIA PA

TITLE D ☐ DELETE
NAME ROGERS, ROBERT G -President
STREET ADDRESS 445 PENNSYLVANIA AVE
CITY-ST-ZIP FORT WASHINGTON PA

TITLE D ☐ DELETE
NAME MASSIMINI, DANTE J - vice President
STREET ADDRESS 455 PENNSYLVANIA AVE
CITY-ST-ZIP FORT WASHINGTON PA

TITLE ☐ DELETE
NAME Director
STREET ADDRESS Jeffrey A. Linn
455 Pennsylvania Ave Fort Washington
CITY-ST-ZIP

TITLE ☐ DELETE
NAME Director
STREET ADDRESS Jonathan B. Weller
455 Pennsylvania Ave
CITY-ST-ZIP Fort Washington, PA 19034

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Sylvan M. Cohen, Esquire
1.3 STREET ADDRESS Drinker Biddle & Reath
1.4 CITY-ST-ZIP Suite 1100
1345 Chestnut Street
Philadelphia, PA 19107-3496

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Jonathan B. Weller, Director
2.3 STREET ADDRESS 455 Pennsylvania Ave., Ste 135
2.4 CITY-ST-ZIP Fort Washington, PA 19034

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Jeffrey A. Linn, Director
3.3 STREET ADDRESS 455 Pennsylvania Ave. Ste 135
3.4 CITY-ST-ZIP Fort Washington, PA 19034

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 an address

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANTE J. MASSIMINI

3-11-96

Date

215-542-4182

Daytime Phone #

CR2E034 (12/95)