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Mar 26 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 # P93000088204 (1)

1. Corporation Name

TRF/U.S. GRANT, INC.

Principal Place of Business

URDANG & ASSOC. REAL ESTATE
SUITE 321
PLYMOUTH MEETING PA 19462
US

Mailing Address

630 W. GERMANTOWN PIKE
SUITE 321
PLYMOUTH MEETING PA 19462-1074
US

3. Date Incorporated or Qualified

12/28/1993

3a. Date of Last Report

05/29/1996

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

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	URDANG, E. SCOTT	
STREET ADDRESS	630 W. GERMANTOWN PIKE, SUITE 321	
CITY- ST- ZIP	PLYMOUTH MEETING PA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BLUM, DAVID J.	
STREET ADDRESS	630 W. GERMANTOWN PIKE, SUITE 321	
CITY- ST- ZIP	PLYMOUTH MEETING PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SANFILIPPO, VINCENT	
STREET ADDRESS	630 W. GERMANTOWN PIKE, SUITE 321	
CITY- ST- ZIP	PLYMOUTH MEETING PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NOVICK, STEVEN C.	
STREET ADDRESS	630 W. GERMANTOWN PIKE, SUITE 321	
CITY- ST- ZIP	PLYMOUTH MEETING PA	
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	<input 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	

4. 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J. Blum

2-24-97

(610) 834-9500

Date

Daytime Phone #

0008286

CR2E034 (9/96)