

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

5-1-95 B-511
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 MAY -1 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000088207 (4)

1. Corporation Name

ALLIED/U.S. GRANT, INC.

Principal Place of Business

W.E. SCOTT URGANG, REAL ESTATE ADVISORS, INC.
925 HARVEST DRIVE, SUITE 210
BLUE BELL, PA 19422

Mailing Address

W.E. SCOTT URGANG, REAL ESTATE ADVISORS, INC.
925 HARVEST DRIVE, SUITE 210
BLUE BELL, PA 19422

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

23-2748349

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Urdang & Assoc. Real Estate

2a. Mailing Address

26 630 W. Germantown Pike

Suite, Apt. #, etc.

22 Suite 321

Suite, Apt. #, etc.

27 Suite 321

City & State

23 Plymouth Meeting, PA

City & State

28 Plymouth Meeting, PA

Zip

24 19462

Country

25 USA

Zip

29 19462

Country

30 USA

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 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 for all applicable)

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE DP
NAME URDANG E. SCOTT
STREET ADDRESS 925 HARVEST DR, SUITE 210
CITY, ST, ZIP BLUE BELL PA

TITLE VS
NAME BLUM DAVID J.
STREET ADDRESS 925 HARVEST DR SUITE 210
CITY, ST, ZIP BLUE BELL PA

TITLE V
NAME SANFILIPPO, VINCENT
STREET ADDRESS 925 HARVEST DR SUITE 210
CITY, ST, ZIP BLUE BELL PA

TITLE V
NAME NOVICK, STEVEN C.
STREET ADDRESS 925 HARVEST DR SUITE 210
CITY, ST, ZIP BLUE BELL PA

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D/P ☒ Change ☐ Addition

12 NAME E. Scott Urdang
13 STREET ADDRESS 630 W. Germantown Pike, Suite 321
14 CITY, ST, ZIP Plymouth Meeting, PA 19462

21 TITLE V/S ☒ Change ☐ Addition

22 NAME David J. Blum
23 STREET ADDRESS 630 W. Germantown Pike, Suite 321
24 CITY, ST, ZIP Plymouth Meeting, PA 19462

31 TITLE V ☒ Change ☐ Addition

32 NAME Vincent Sanfilippo
33 STREET ADDRESS 630 W. Germantown Pike, Suite 321
34 CITY, ST, ZIP Plymouth Meeting, PA 19462

41 TITLE V ☒ Change ☐ Addition

42 NAME Steven C. Novick
43 STREET ADDRESS 630 W. Germantown Pike, Suite 321
44 CITY, ST, ZIP Plymouth Meeting, PA 19462

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(b), 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 997, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Allied U.S. Grant, Inc.

Steve Novick 4-24-95 610-884-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #