

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000002382 (6)

1. Corporation Name

ALLIED/EASTERN VENTURES II, INC.



Principal Place of Business

Mailing Address

C/O URDANG & ASSOCIATES
630 W GERMANTOWN PIKE STE 321
PLYMOUTH MEETING PA 19462

C/O URDANG & ASSOCIATES
630 W GERMANTOWN PIKE STE 321
PLYMOUTH MEETING PA 19462

3. Date Incorporated or Qualified

3a. Date of Last Report

01/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

23-2787876

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. 199.032, Florida Statutes

Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT 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 Type (Type printed name of officer or director in Block 12 or Block 13)

Date (Type Registered Agent signature and date in Block 13)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | URDANG, E. SCOTT | |
| STREET ADDRESS | C/O 630 W. GERMANTOWN PL., #321 | |
| CITY-ST-ZIP | PLYMOUTH MEETING PA 19462 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | 1.1 P. D. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | 2.1 V.S. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | 2.2 Blum, David J. | |
| 2.3 STREET ADDRESS | 2.3 630 W. Germantown Pike, Suite 321 | |
| 2.4 CITY-ST-ZIP | 2.4 Plymouth Meeting, PA 19462 | |
| 3.1 TITLE | 3.1 V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | 3.2 Novick, Steven C. | |
| 3.3 STREET ADDRESS | 3.3 630 W. Germantown Pike, Suite 321 | |
| 3.4 CITY-ST-ZIP | 3.4 Plymouth Meeting, PA 19462 | |
| 4.1 TITLE | 4.1 V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | 4.2 Sanfilippo, Vincent | |
| 4.3 STREET ADDRESS | 4.3 630 W. Germantown Pike, Suite 321 | |
| 4.4 CITY-ST-ZIP | 4.4 Plymouth Meeting, PA 19462 | |
| 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 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: *David J. Blum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-96

Date

610-834-9500

Daytime Phone #

CR2E034 (12/95)