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Mar 25 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 # P95000053673 (6)

1. Corporation Name
ALLIED/BILTMORE, INC.



Principal Place of Business: C/O URDANG & ASSOCIATES REAL ESTATE ADVS. 630 WEST GERMANTOWN PIKE, SUITE 321 PLYMOUTH MEETING PA 19462
Mailing Address: C/O URDANG & ASSOCIATES REAL ESTATE ADVS. 630 WEST GERMANTOWN PIKE, SUITE 321 PLYMOUTH MEETING PA 19462-1074

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/12/1995		3a. Date of Last Report 07/03/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 23-2819898		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URDANG, E. SCOTT	1.2 NAME	
STREET ADDRESS	630 WEST GERMANTOWN PIKE, SUITE 321	1.3 STREET ADDRESS	
CITY- ST- ZIP	PLYMOUTH MEETING PA 19462	1.4 CITY- ST- ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, DAVID J	2.2 NAME	
STREET ADDRESS	630 W GERMANTOWN PIKE, SUITE 321	2.3 STREET ADDRESS	
CITY- ST- ZIP	PLYMOUTH MEETING PA	2.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVICK, STEVEN C	3.2 NAME	
STREET ADDRESS	630 W GERMANTOWN PIKE, SUITE 321	3.3 STREET ADDRESS	
CITY- ST- ZIP	PLYMOUTH MEETING PA	3.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFILIPPO, VINCENT J	4.2 NAME	
STREET ADDRESS	630 W GERMANTOWN PIKE, SUITE 321	4.3 STREET ADDRESS	
CITY- ST- ZIP	PLYMOUTH MEETING PA	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. 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 attached sheet with an address.

SIGNATURE: David J. Blum David J. Blum 2-24-97 (610) 834-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)