

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000095490 (5)**

1. Corporation Name  
**ALLIED/MURRIETA CENTER, INC.**



Principal Place of Business: **C/O URDANG & ASSOC. REAL ESTATE ADVISORS 630 W. GERMANTOWN PIKE, SUITE 321 PLYMOUTH MEETING PA 19462**  
Mailing Address: **C/O URDANG & ASSOC. REAL ESTATE ADVISORS 630 W. GERMANTOWN PIKE, SUITE 321 PLYMOUTH MEETING PA 19462**

3. Date Incorporated or Qualified: **12/18/1995**      3a. Date of Last Report

4. FEI Number: **23-2834816**      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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-fields for Suite, City, State, Zip, and Country.

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 (81-85) fields: Name, Street Address, City, State (FL), 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: \_\_\_\_\_ DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                               |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |
|--|---|---|---|
| TITLE: <b>D</b>  | <b>URDANG, E. SCOTT</b> <input type="checkbox"/> DELETE | 1.1 TITLE: <b>P.D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |
| NAME: <b>URDANG, E. SCOTT</b>                            |   | 2.1 TITLE: <b>V.S.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |
| STREET ADDRESS: <b>630 W. GERMANTOWN PIKE, SUITE 321</b> |   | 2.2 NAME: <b>David J. Blum</b>  |   |
| CITY-ST-ZIP: <b>PLYMOUTH MEETING PA 19462</b>            |   | 2.3 STREET ADDRESS: <b>630 W. Germantown Pike, Suite 321</b>  |   |
|  |   | 2.4 CITY-ST-ZIP: <b>Plymouth Meeting, PA 19462</b>  |   |
| TITLE:   | <input type="checkbox"/> DELETE                         | 3.1 TITLE: <b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |   |
| NAME:  |   | 3.2 NAME: <b>Steven C. Novick</b>   |   |
| STREET ADDRESS:  |   | 3.3 STREET ADDRESS: <b>630 W. Germantown Pike, Suite 321</b>  |   |
| CITY-ST-ZIP:   |   | 3.4 CITY-ST-ZIP: <b>Plymouth Meeting, PA 19462</b>  |   |
| TITLE:   | <input type="checkbox"/> DELETE                         | 4.1 TITLE: <b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |   |
| NAME:  |   | 4.2 NAME: <b>Vincent Sanfilippo</b>   |   |
| STREET ADDRESS:  |   | 4.3 STREET ADDRESS: <b>630 W. Germantown Pike, Suite 321</b>  |   |
| CITY-ST-ZIP:   |   | 4.4 CITY-ST-ZIP: <b>Plymouth Meeting, PA 19462</b>  |   |
| 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 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*      5-15-96      610-834-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)