


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90049 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000023088			
1. Corporation Name ALLIED / BROADWAY PROPERTIES, INC.			
Principal Place of Business C/O URDANG & ASSOCIATES REAL ESTATE ADVISO 630 WEST GERMANTOWN PIKE, SUITE 321 PLYMOUTH MEETING PA 19462		Mailing Address C/O URDANG & ASSOCIATES REAL ESTATE ADVISO 630 WEST GERMANTOWN PIKE, SUITE 321 PLYMOUTH MEETING PA 19462	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
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 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.		DO NOT WRITE IN THIS SPACE	
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	URDANG, E. SCOTT	1.2 NAME	
STREET ADDRESS	630 GERMANTOWN PIKE, SUITE 321	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MEETING PA	1.4 CITY-ST-ZIP	19462
TITLE	VS	2.1 TITLE	
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	19462
TITLE	V	3.1 TITLE	
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	19462
TITLE	V	4.1 TITLE	
NAME	SANFILIPPO, VINCENT	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	19462
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE

David J. Blum REQUIRED *D. Blum*

3-10-99

610-834-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)