## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 27, 2004 8:00 am Secretary of State DOCUMENT # P96000023088 1. Entity Name 04-27-2004 90069 027 \*\*\*150.00 ALLIED / BROADWAY PROPERTIES, INC. Principal Place of Business Mailing Address URDANG & ASSOCIATES REAL ESTATE ADVIS 630 WEST GERMANTOWN PIKE, SUITE 321 PLYMOUTH MEETING PA 19462 URDANG & ASSOCIATES REAL ESTATE ADVIS 630 WEST GERMANTOWN PIKE, SUITE 321 PLYMOUTH MEETING PA 19462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Suite 300 Suite 300 City & State City & State 4. FEI Number Applied For 23-2848296 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DP ☐ Delete TITLE X Change ☐ Addition URDANG, E. SCOTT NAME -NAME STREET ADDRESS 630 GERMANTOWN PIKE, SUITE 321 STREET ADDRESS CITY-ST-ZIP PLYMOUTH MEETING PA 19462 CITY-ST-ZIP VS TITLE ☐ Detete TITLE X Change ☐ Addition BLUM, DAVID J. NAME NAME STREET ADDRESS 630 W GERMANTOWN PIKE, SUITE 321 STREET ADDRESS Suite 300 PLYMOUTH MEETING PA 19462 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete Addition -C00 NAME FERST, RICHARD J NAME-Suite 300 STREET ADDRESS 630 W GERMANTOWN PIKE, SUITE 321 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PLYMOUTH MEETING PA 19462 TITLE ☐ Delete TITLE Change Change ☐ Addition SANFILIPPO, VINCENT NAME NAME Suite 300 STREET ADDRESS 630 W GERMANTOWN PIKE, SUITE 321 STREET ADDRESS PLYMOUTH MEETING PA 19462 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all prine like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COOR SULY 4-6-04

**FILED** 

6/0 - 834-950 ( Daytime Phone #