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Mar 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000042873 (5)

1. Corporation Name  
ALLIED/STANLEY, INC.



Principal Place of Business C/O URDANG & ASSOC REAL ESTATE ADVISORS 630 GERMANTOWN PIKE. STE. 321 PLYMOUTH MEETING PA 19462	Mailing Address C/O URDANG & ASSOC REAL ESTATE ADVISORS 630 GERMANTOWN PIKE. STE. 321 PLYMOUTH MEETING PA 19462-1074
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/20/1996 3a. Date of Last Report Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 85 Zip Code FL
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

SIGNATURE  024497 (610) 834- 9500

CR2E034 (9/96)