

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

**FILED**  
**May 02 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 # P96000094216 (4)**

1. Corporation Name  
**ALLIED/GA TERRACE, INC.**



Principal Place of Business  
**C/O URDANG & ASSOCIATES REAL ESTATE ADVIS.  
 630 WEST GERMANTOWN PIKE, SUITE 321  
 PLYMOUTH MEETING PA 19462**

Mailing Address  
**C/O URDANG & ASSOCIATES REAL ESTATE ADVIS.  
 630 WEST GERMANTOWN PIKE, SUITE 321  
 PLYMOUTH MEETING PA 19462-1074**

3. Date Incorporated or Qualified  
**11/18/1996**

3a. Date of Last Report

4. FEI Number  
**58-2270072**

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 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

9. Name and Address of Current Registered Agent  
**CT 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) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	E. SCOTT URDANG
1.3 STREET ADDRESS	630 WEST GERMANTOWN PIKE, SUITE 321
1.4 CITY - ST - ZIP	PLYMOUTH MEETING, PA 19462
2.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 attachment with an address.

SIGNATURE: David J. Blum David J. Blum Date: 2-24-97 (610) 834-9500 Daytime Phone #

CR2E034 (9/96)