

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

000934

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90215 053 ****60.00
04-27-1999 90215 054 ****90.00

DOCUMENT # P98000066587

1. Corporation Name
ALLIED/MORSE CENTRES, INC.



Principal Place of Business 630 W. GERMANTOWN PIKE. SUITE 321 PLYMOUTH MEETING PA 19462	Mailing Address 630 W. GERMANTOWN PIKE. SUITE 321 PLYMOUTH MEETING PA 19462
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/29/1998	4. FEI Number 58-2406258	Applied For <input type="checkbox"/> 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 owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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	D <input type="checkbox"/> DELETE
NAME	URDANG, E. SCOTT
STREET ADDRESS	630 W. GERMANTOWN PIKE, SUITE 321
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BLUM, DAVID J.
2.3 STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 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	NOVICK, STEVEN C.
3.3 STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 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	SANFILIPPO, VINCENT
4.3 STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99
Date

610-834-9500
Daytime Phone #

CR2E034 (1/198)