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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF GORPORATIONS

## DOCUMENT # P98000066587 1. Corporation Name

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

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

ALLIED/N	MORSE CENTRES, INC.		•			
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Principal Place	of Business	Mailing Address		1 (126)(42): tik (818) (6)(t 80)(t 80)(t 80)	Maria Arria Arras Arras ca	IN 1881 HE
	NTOWN PIKE, SUITE 321	630 W. GERMANTOWN PIKE.	SUITE 321			
PLYMOUTH MEETING PA 19462 PLYMOUTH MEETING PA 194				DO NOT WRITE IN	THE SPACE	
				DO NOT WRITE IN 3. Date Incorporated or Qualifed	INIS SPACE	
<u> </u>	f Ductions	2a, Mailing Address		07/29/1998 4. FEI Number	Anni	lied For
<b></b>	ace of Business	<u></u>	•	58-2406258	<u> </u>	Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.			\$8.75 Ad	
	m, etc.	27	•	5. Certifcate of Status Desired	Fee Req	
City & State		City & State		6. Election Campaign Financing	\$5.00 M	lav Be
23	*. · -	28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible	
24	25	29 3		Personal Property Tax.		<b>X</b> No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registe	red Agent	
		<del></del>	81 Name			
CORPORATION SERVICE COMPANY			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	HAYS STREET					
TALL	AHASSEE FL 32301-2525	•	83			
			84 City		85 Zip Co	ode
					FL	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named corp	poration submits this statement for the purposion's board of directors. I hereby accept the a	se of changing its re	egistered l
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	ions of, Section 607.0505, Floric	da Statutes.	ion's board of directors. Thereby accept the e	ppomemon da veg.	
1						
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signature require			
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	
12.	OFFICERS AND		13. 1.1 TITLE	35 MICH (300 CE 10)		RS IN 12Addition
12. TITLE ·	D URDANG, E. SCOTT	D DIRECTORS  DELETE	13. 1.1 ΠΤΕ Ι 12 NAME	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	
12. TITLE ' NAME STREET ADDRESS	D URDANG, E. SCOTT 630 W. GERMANTOWN PIKE, S	D DIRECTORS  DELETE  UITE 321	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	
12. TITLE ' NAME STREET ADDRESS CITY-ST-ZIP	D URDANG, E. SCOTT	D DIRECTORS  DELETE  UITE 321	13.  1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	Addition
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12. TITLE ' NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D URDANG, E. SCOTT 630 W. GERMANTOWN PIKE, S	D DIRECTORS  DELETE  UITE 321	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  1.5 TITLE  1.7 TITLE  1.8 TITLE  1.9	ADDITIONS/CHANGES TO OFFICER DP  VS BLUM, DAVID J.	S AND DIRECTOR  [X] Change	☐ Addition
12. TITLE 'NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D URDANG, E. SCOTT 630 W. GERMANTOWN PIKE, S	D DIRECTORS  DELETE  UITE 321	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  6	ADDITIONS/CHANGES TO OFFICER  OP  VS  BLUM, DAVID J.  530 W. GERMANTOWN PI	S AND DIRECTOR  [X]Change  Change  KE, STE	Addition
12. TITLE ' NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URDANG, E. SCOTT 630 W. GERMANTOWN PIKE, S	D DIRECTORS  DELETE  UITE 321 2  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP  1.5 CITY-ST-ZIP  1.6 CITY-ST-ZIP  1.7 CITY-ST-ZIP  1.8 CITY-ST-ZIP  1.9 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICER  OP  VS BLUM, DAVID J. 630 W. GERMANTOWN PI PLYMOUTH MEETING PA	S AND DIRECTOR  [X]Change  Change  KE, STE	☐ Addition
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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: