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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 PM 1:57

DOCUMENT # **S08901** (8)

1. Corporation Name
U.S. AIR/BREAKERS CORPORATION

Principal Place of Business	Mailing Address
W.E.S. URDANG REAL ESTATE ADV 925 HARVEST DR #210 BLUE BELL PA 19422 US	W.E.S. URDANG REAL ESTATE ADV 925 HARVEST DR #210 BLUE BELL PA 19422 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/26/1990	3a. Date of Last Report 02/07/1994
4. FEI Number 23-2695286	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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Urdang & Assoc. Real Estate	2a 630 W. Germantown Pike
22 Suite, Apt. #, etc. Suite 321	27 Suite, Apt. #, etc. Suite 321
23 City & State Plymouth Meeting, PA	28 City & State Plymouth Meeting, PA
24 Zip 19462	29 Zip 19462
25 Country USA	30 Country USA

9. Name and Address of Current Registered Agent
**BRCMC, INC.
C/O BLANK, ROME, COMSKY AND MCCAULEY
1401 FORUM WAY, SUITE 700
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name C T Corporation System
82 Street Address (P.O. Box Number is Not Acceptable) 1200 Pine Island Road
83
84 City Plantation, FL
85 Zip Code 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 the filer separate) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	URDANG, E. SCOTT
STREET ADDRESS	925 HARVEST DRIVE S-210
CITY ST ZIP	BLUE BELL PA
TITLE	VS
NAME	BLUM, DAVID J.
STREET ADDRESS	925 HARVEST DRIVE S-210
CITY ST ZIP	BLUE BELL PA
TITLE	V
NAME	NOVICK, STEVEN C
STREET ADDRESS	925 HARVEST DR, STE 210
CITY ST ZIP	BLUE BELL PA
TITLE	V
NAME	SANFILIPPO, VINCENT
STREET ADDRESS	925 HARVEST DR, STE 210
CITY ST ZIP	BLUE BELL PA
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME	E. Scott Urdang
3 STREET ADDRESS	630 W. Germantown Pike, Suite 321
4 CITY-ST ZIP	Plymouth Meeting, PA 19462
2 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME	David J. Blum
2 STREET ADDRESS	630 W. Germantown Pike, Suite 321
2 CITY-ST ZIP	Plymouth Meeting, PA 19462
3 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 NAME	Steven C. Novick
3 STREET ADDRESS	630 W. Germantown Pike, Suite 321
3 CITY-ST ZIP	Plymouth Meeting, PA 19462
4 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4 NAME	Vincent Sanfilippo
4 STREET ADDRESS	630 W. Germantown Pike, Suite 321
4 CITY-ST ZIP	Plymouth Meeting, PA 19462
5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 NAME	
5 STREET ADDRESS	
5 CITY-ST ZIP	
6 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 NAME	
6 STREET ADDRESS	
6 CITY-ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: **U.S. Air/Breakers Corporation**
Steve Novick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.95 610.834.9500