

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S08901 (8)**

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



Principal Place of Business: **C/O URDANG & ASSOC. REAL ESTATE STE 321 PLYMOUTH MEETING PA 19462 US**
Mailing Address: **630 W. GERMANTOWN PIKE STE 321 PLYMOUTH MEETING PA 19462 US**

3. Date Incorporated or Qualified: **10/26/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **23-2695286**
Applied For: 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
25. Country
26. Mailing Address
27. Suite, Apt. #, etc
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**C.T. CORPORATION SYSTEM
1200 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

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: _____ DATE: _____
Signature typed or printed in block, last name, first initial, and middle initial. Registered Agent signature required after filing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URDANG, E. SCOTT	1.2 NAME	
STREET ADDRESS	63-0 W. GERMANTOWN PIKE, STE 321	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PLYMOUTH MEETING PA	1.4 CITY-STATE-ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, DAVID J.	2.2 NAME	
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 321	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PLYMOUTH MEETING PA	2.4 CITY-STATE-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVICK, STEVEN C	3.2 NAME	
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 321	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PLYMOUTH MEETING PA	3.4 CITY-STATE-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFILIPPO, VINCENT	4.2 NAME	
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 321	4.3 STREET ADDRESS	
CITY-STATE-ZIP	PLYMOUTH MEETING PA	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 119.07(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: *David J. Blum*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David J. Blum

5-13-96 410-834-9500
Date Daytime Phone

CR2E034 (12/95)