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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

חממו	1996	15	DIVISION OF C	JORFORATION	15				
1. Corporation	MENT # S974	129	(2)						
•	HION BUG #2523, INC.								
Principal Plac	e of Business	Made	ing Address	··					
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450 WINE BENSALE	RS LANE EM PA 19020		450 WINKS LN CORPORATE TAX BENSALEM PA 19020 US	ı		Date Incorporated or Qualified	3a. Date	of Last R	port
			03			12/02/1991		03/23/1	1995
<u>-</u>	Place of Business	n	Mailing Address			4. FEI Number			Applied For
Suite, Apt.	h oto	26	5. in . A			23-2708973			Not Applicable
22 Suite, Apr.	. #, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & Stat	te		Dity & State			6. Election Campaign Financing			O May Be
23		28				Trust Fund Contribution			d to Fees
Z ip	Country	1	/ip	Country		8. This corporation has liability for it		ix under s	199.032,
24	25 9. Name and Address of Curre	29		30		Florida Statutes Yes			
	5. Name and Address of Curre	an negiste	red Agent	81 1	 Name	10. Name and Address of New R	egisterea i	Agent	
CTO	CORPORATION SYSTEM						***		
	SOUTH PINE ISLAND ROAD			82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
	ITATION FL 33324			83					
	*			84 (City			7-1 -	
					•	ation submits this statement for the pur	FL		p Code
familiar w	ered agent, or both, in the State of Fig rith, and accept the obligations of, Sec	etion 607 DS	mange was anmonzed ins. Florida Statutos	a by the corpora	ation s board	d or directors. I hereby accept the appo	intment as	registered	lagent. Lam
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oath, that I am an officer or director of the comoral on or the receiver trusted en powered if execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attronger with an address

SIGNATURE: L

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96 (215)633-4624