

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

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



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

95 APR -7 AM 5:44

DOCUMENT # V07493 (2)

1. Corporation Name

ALLIED/FLORIDA PROPERTIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O E. SCOTT URDANG
925 HARVEST DRIVE SUITE 210
BLUE BELL PA 19422

Mailing Address

C/O E. SCOTT URDANG
925 HARVEST DRIVE SUITE 210
BLUE BELL PA 19422

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1992

3a. Date of Last Report

02/14/1994

2. Principal Place of Business

21 **Urdang & Assoc. Real Estate**

2a. Mailing Address

25 **630 W. Germantown Pike**

4. FEI Number

23-2720864

Applied For

Not Applicable

Suite, Apt. #, etc

22 **Suite 321**

Suite, Apt. #, etc

27 **Suite 321**

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

23 **Plymouth Meeting, PA**

City & State

28 **Plymouth Meeting, PA**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

24 **19462**

Country

25 **USA**

Zip

29 **19462**

Country

30 **USA**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH 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

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

12. OFFICERS AND DIRECTORS

12.1 TITLE	DP
12.2 NAME	URDANG, E. SCOTT
12.3 STREET ADDRESS	925 HARVEST DR. S-210
12.4 CITY, ST, ZIP	BLUE BELL PA
12.5 TITLE	VS
12.6 NAME	BLUM, DAVID J.
12.7 STREET ADDRESS	925 HARVEST DR. S-210
12.8 CITY, ST, ZIP	BLUE BELL PA
12.9 TITLE	V
12.10 NAME	NOVICK, STEVEN C
12.11 STREET ADDRESS	925 HARVEST DRIVE, SUITE 210
12.12 CITY, ST, ZIP	BLUE BELL PA
12.13 TITLE	V
12.14 NAME	SANFILIPPO, VINCENT
12.15 STREET ADDRESS	925 HARVEST DRIVE, SUITE 210
12.16 CITY, ST, ZIP	BLUE BELL PA
12.17 TITLE	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	E. Scott Urdang	
13.3 STREET ADDRESS	630 W. Germantown Pike, Suite 321	
13.4 CITY, ST, ZIP	Plymouth Meeting, PA 19462	
13.5 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	David J. Blum	
13.7 STREET ADDRESS	630 W. Germantown Pike, Suite 321	
13.8 CITY, ST, ZIP	Plymouth Meeting, PA 19462	
13.9 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	Steven C. Novick	
13.11 STREET ADDRESS	630 W. Germantown Pike, Suite 321	
13.12 CITY, ST, ZIP	Plymouth Meeting, PA 19462	
13.13 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	Vincent Sanfilippo	
13.15 STREET ADDRESS	630 W. Germantown Pike, Suite 321	
13.16 CITY, ST, ZIP	Plymouth Meeting, PA 19462	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes. I further certify that the information included 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 corporation's immediate predecessor to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE:

Steven C. Novick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/95

610-831-9120