FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # V27794

1. Corporation Name

ALCTON & WALTERS SATERDRICES IN

(9)

ALSTON & WALTERS ENTERPRISES, INC.

FILED
May 04 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address					- I 100fi Diurit Ifolf Levil 100fi Rokh I	YLDI OLDII DIBKI BIDSI OLDI	I OPORT EIGHL IODL
1230 WRIGHTS LANE WEST CHESTER PA 19380		1230 WRIGHTS LANE WEST CHESTER PA 19380		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
9 Principal D	None of Business	I do Mation Address			04/10/1992	····	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	-	Applied For	
		Suite, Apt. #, etc.	etc.		23-2049500		Not Applicable
22		27		5. Certificate of Status Desired		5 Additional Required	
City & State		City & State		6. Election Campaign Financing		00 May Be	
23		28		Trust Fund Contribution		led to Fees	
Ziρ	Country	— ₇ Ζφ	Country		8. This corporation owes or has p		
24	25 29 30 30 9, Name and Address of Current Registered Agent		[30]	Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent			
C 1		it riegistered Agent	8	1 Name	10. Name and Address of New H	egistered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD.			L	1			
	ANTATION FL 33324		8	2 Street Add	Address (P.O. Box Number is Not Acceptable)		
· •	21000000		8	3			
			8	4 City			To Code
			l°	City		FL 85 2	Zip Code
office or r	to the provisions of Sections 607,050 egistered agent, or both, in the State in familiar with, and accept the oblig	rof Florida. Such change was a	authorized I	by the corpora	poration submits this statement for the tion's board of directors. I hereby according	purpose of changing apt the appointment	ng its registered as registered
SIGNATURE							
12.				gent argnature requi	red when reinstating)	DATE	
TITLE	CD OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFF	Chan	
NAME	ALSTON, EDWARD H	Land Other IC	1.2 NAM			C Chair	de 🗀 vocition
STREET ADDRESS	101 AMBLEWOOD LN			ET ADDRESS			[8
CITY - ST - ZIP	NAPLES FL		1.4 CITY				
TITLE	PD	DELETE	2.1 TITLE			☐ Chan	ge Addition C
NAME	PRITCHARD, DAVID [®] G		2.2 NAMI	:			
STREET ADDRESS	946 WAWASET RD.		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	KENNETT SQUARE PA		2 4 CITY	-ST-ZIP			
TITLE	VTSD	☐ DELETE	3.1 TITLE			Chan	ge Addition
NAME	ALSTON, ESTELLE H		3.2 NAMI				
STREET ADDRESS	101 AMBLEWOOD LN NAPLES FL			ET ADDRESS			
CITY-ST-ZIP TITLE	CFO	DELETE	3 4. CITY				as [T] Adec-
NAME	MATLACK, WALTER L. III	□ preceit	4.1 TITLE 4. 2 NAM			☐ Chan	ge L Addition
STREET ADDRESS	219 CARLTON DRIVE			ET ADDRESS			
CITY-ST-ZIP	BROOMALL PA		4.4 CITY				
TITLE		DELETE	5.1 TITLE	31-211		☐ Chan	ge Addition
NAME			5.2 NAME	:			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		DELETE	6.1 TITLE			☐ Chang	ge 🔲 Addition
NAME			6.2 NAME		•		
STREET ADDRESS			6 3 STREI	T ADDRESS			
CITY-ST-ZIP			64 CITY	ST-ZIP			

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 arminal 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 effection of the corporation of 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 effective or the receiver of the corporation of the receiver of the corporation of the receiver or trustee empower.

SIGNATURE

wetend

4-15-98

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