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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # F95000004495
1. Corporation Name
Abbott & Cobb, Inc.

Principal Place of Business: 4151 Street Road, Trevoese, PA 19053
Mailing Address: P.O. Box 307, Feasterville, PA 19053

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 same as above	26 same as above	1/2/74	23-1936286	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	29 Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country	Country			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Blanton, Edwin F 825 Thomasville Road Tallahassee, FL 32303 US	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 _____ DATE _____
Signature (typed or printed name of officer, director and the applicable INCORP. Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE	1.1 TITLE	Change Addition
NAME CT	Abbott, Arthur C	1.2 NAME D	Weinberg, David
STREET ADDRESS	77 NE Harbour Drive	1.3 STREET ADDRESS	1515 Market Street
CITY-ST-ZIP	Boca Raton, FL 33431	1.4 CITY-ST-ZIP	Suite 506
TITLE	DELETE	2.1 TITLE	Change Addition
NAME SD	Abbott, Mabel K	2.2 NAME	Phila., PA 19102
STREET ADDRESS	8919 Park Road Apt 149	2.3 STREET ADDRESS	
CITY-ST-ZIP	Charlotte, NC 28210	2.4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	Change Addition
NAME VD	Malley, John F	3.2 NAME	800002487268-3
STREET ADDRESS	40 Cherokee Drive	3.3 STREET ADDRESS	-04/14/98--01006--002
CITY-ST-ZIP	Richboro, PA 18954	3.4 CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME CFO	Kolenda, William	4.2 NAME	****158.75 ****158.75
STREET ADDRESS	509 Washington Avenue	4.3 STREET ADDRESS	
CITY-ST-ZIP	Newtown, PA	4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME D	Corson, John	5.2 NAME	A. Alan
STREET ADDRESS	P.O. Box 710	5.3 STREET ADDRESS	4/7/98
CITY-ST-ZIP	Plymouth Mtg, PA 19462	5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME D	Primack, Aurin	6.2 NAME	
STREET ADDRESS	2430 Edward Road	6.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Beach Gardens, PA 33410	6.4 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 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 its 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 in an attachment with an address.

SIGNATURE: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (10/97)