


2130/11031
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0007393

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90084 046 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F95000004495

1. Corporation Name
ABBOTT & COBB, INC.



Principal Place of Business 4151 STREET RD TREVOSE PA 19053	Mailing Address P.O. BOX 307 FEASTERVILLE PA 19053 US
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

3. Date Incorporated or Qualified 09/18/1995	Applied For Not Applicable
4. FEI Number 23-1936286	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE FL 32303

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CT	<input type="checkbox"/> DELETE
NAME	ABBOTT, ARTHUR C	
STREET ADDRESS	777 NE HARBOUR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ABBOTT, MABEL K	
STREET ADDRESS	1115 GEORGE RD	
CITY-ST-ZIP	MEADOWBROOK PA 19048	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MALLEY, JOHN F	
STREET ADDRESS	40 CHEROKEE DRIVE	
CITY-ST-ZIP	RICHBORO PA 18954	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	KOLENDA, WILLIAM	
STREET ADDRESS	509 WASHINGTON AVE.	
CITY-ST-ZIP	NEWTOWN PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORSON, JOHN	
STREET ADDRESS	P.O. BOX 710 (N/A)	
CITY-ST-ZIP	PLYMOUTH MTG. PA 19462	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRIMACK, AURIN	
STREET ADDRESS	2430 EDWARD ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS PA 33410	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	S
1.3 STREET ADDRESS	KOPP, LINDA M
1.4 CITY-ST-ZIP	613 SOCIETY PLACE
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	NEWTOWN, PA 18940
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	WEINBERG, DAVID
3.4 CITY-ST-ZIP	1515 MARKET STREET, SUITE 506
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PHILA., PA 19102
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: William Kolenda CFO Date: 1-12-99 Daytime Phone #: 215-245-6666

CR2E034 (1/98)