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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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1. Corporation Name A.C. DELLOVADE, INC.	DOCUMENT # P17097 (7)
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Mailing Address 108 CAVASINA DRIVE CANONSBURG PA 15317-1767 US	Principal Place of Business 108 CAVASINA DRIVE MCMURRAY PA 15317 US
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DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below		3. Date Incorporated or Qualified 12/08/1987	3a. Date of Last Report 04/07/1993
2. Mailing Address 21	2a. Principal Place of Business 26	4. FEI Number 25-1242514	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
City & State 23	City & State Canonsburg, PA	7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 28	Country 30
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (Not to be Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	P/T/D	11 NAME	DELLOVADE, ARMAND C.	11 TITLE		11 NAME	
12 NAME		12 NAME	R.D. 2	12 NAME		12 NAME	
13 STREET ADDRESS		13 STREET ADDRESS	CANNONSBURG PA	13 STREET ADDRESS		13 STREET ADDRESS	
14 CITY - ST - ZIP		14 CITY - ST - ZIP		14 CITY - ST - ZIP		14 CITY - ST - ZIP	
21 TITLE	S/D	21 NAME	DELLOVADE, PETER J.	21 TITLE		21 NAME	
22 NAME		22 NAME	190 ROSCOMMON PLACE	22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	MCMURRAY PA	23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY - ST - ZIP		24 CITY - ST - ZIP		24 CITY - ST - ZIP		24 CITY - ST - ZIP	
31 TITLE	V	31 NAME	DELLOVADE, DENNIS	31 TITLE		31 NAME	
32 NAME		32 NAME	439 ROBINSHOOD LANE	32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	MCMURRAY PA	33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY - ST - ZIP		34 CITY - ST - ZIP		34 CITY - ST - ZIP		34 CITY - ST - ZIP	
41 TITLE		41 TITLE		41 TITLE		41 TITLE	
42 NAME		42 NAME		42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS		43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY - ST - ZIP		44 CITY - ST - ZIP		44 CITY - ST - ZIP		44 CITY - ST - ZIP	
51 TITLE		51 TITLE		51 TITLE		51 TITLE	
52 NAME		52 NAME		52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS		53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY - ST - ZIP		54 CITY - ST - ZIP		54 CITY - ST - ZIP		54 CITY - ST - ZIP	
61 TITLE		61 TITLE		61 TITLE		61 TITLE	
62 NAME		62 NAME		62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS		63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY - ST - ZIP		64 CITY - ST - ZIP		64 CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is, verifiably true and correct and that the information is exempt from public access. 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. I have fulfilled all obligations concerning unclaimed property required by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or an, as affected with an address.

SIGNATURE: *Armand C. Dellova* 8/1/94 **Armand C. Dellova (412) 873-8190**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR