

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

0007951

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P17097

1. Corporation Name
A.C. DELLOVADE, INC.

Principal Place of Business
**108 CAVASINA DRIVE
CANONSBURG PA 15317
US**

Mailing Address
**108 CAVASINA DRIVE
CANONSBURG PA 15317
US**

99 MAR 25 PM 1:06



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified
12/08/1987
- 4. FEI Number
25-1242514 Applied For Not Applicable
- 5. Certificate of Status Desired **\$8.75** Additional Fee Required
- 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
- 8. This corporation owes the current year Intangible Personal Property Tax Yes No

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 City

85 Zip Code

FL

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and last first name

(NOTE: Registered Agent signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	DELLOVADE, ARMAND C	
STREET ADDRESS	R.D. 2	
CITY-ST-ZIP	CANNONSBURG PA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DELLOVADE, PETER J	
STREET ADDRESS	190 ROSCOMMON PLACE	
CITY-ST-ZIP	MCMURRAY PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DELLOVADE, DENNIS	
STREET ADDRESS	439 ROBINSHOOD LANE	
CITY-ST-ZIP	MCMURRAY PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	V	
43 STREET ADDRESS	Riley, Patrick L.	
44 CITY-ST-ZIP	2 Aspen Drive	
51 TITLE	Washington, PA 15301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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: *Armand C Dellova* Armand C Dellova

3/12/99 724-873-8190

CRZE034 (1/199)