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**Apr 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 849788 (5)
1. Corporation Name
FLORIDA DIVISION OF BUCKLEY & COMPANY, INC.



Principal Place of Business: **3401 MOORE ST PHILADELPHIA PA 19145**
Mailing Address: **3401 MOORE ST PHILADELPHIA PA 19145-1005**

3. Date Incorporated or Qualified: **07/22/1981**
3a. Date of Last Report: **02/08/1996**
4. FEI Number: **23-0442520**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
226 W GEORGIA ST
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL** 85

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	VD	<input type="checkbox"/> DELETE
NAME	MARTOSELLA, JOSEPH M	
STREET ADDRESS	4 BIDDLE WOOD LANE	
CITY-ST-ZIP	WYNDMOORE PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BUCKLEY, ROBERT R.	
STREET ADDRESS	779 ROBINHOOD RD.	
CITY-ST-ZIP	ROSEMONT PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PADULA, CHARLES M.	
STREET ADDRESS	121 PENN BLVD.	
CITY-ST-ZIP	EAST LANSDOWNE PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCKLEY, MARLENE A	
STREET ADDRESS	779 ROBINHOOD RD	
CITY-ST-ZIP	ROSEMONT, PA 0	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUCKLEY, ROBERT R	
STREET ADDRESS	779 ROBINHOOD RD	
CITY-ST-ZIP	ROSEMONT, PA 0	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 do 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 appointment with an address.

SIGNATURE: _____ Secretary
Date: **9/31/97** (215) 334-7520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)