

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90007 008 ***150.00

UPR 1.004

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 849788
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/22/1981	4. FEI Number 23-0442520	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> No		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PADULA, CHARLES M
3.3 STREET ADDRESS	31 CHERRYDALE RD
3.4 CITY-ST-ZIP	GLEN MILLS, PA 19342
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 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 **Charles M. Padula**

SIGNATURE: _____ DATE: **12/31/98** DAYTIME PHONE #: **(215) 334-7500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)