

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 850512
 1. Corporation Name

CMS INVESTMENT RESOURCES, INC.

Principal Place of Business	Mailing Address
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1926 ARCH STREET
 PHILADELPHIA, PA 19103

3. Date Incorporated or Qualified	3a. Date of Last Report
9/29/81	5/1/97

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	28	23-2174789	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	29	30
24	25	29	30

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

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 607.0506, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P-PAUL SILBERBERG <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	151 CHERRY LANE	1.2 NAME	
STREET ADDRESS	WYNEWOOD, PA 19096	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	C-MARK SOLOMON <input type="checkbox"/> DELETE	2.1 TITLE	1000024333 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	429 DOVE LAKE ROAD	2.2 NAME	-02/17/98-01099-011
STREET ADDRESS	BRYN MAWR, PA 19010	2.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	WILLIAM LANDMAN, 19126 ARCH ST.
STREET ADDRESS		3.3 STREET ADDRESS	PHILADELPHIA, PA 19103
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	RICHARD MITCHELL, 1926 ARCH ST.
STREET ADDRESS		4.3 STREET ADDRESS	PHILADELPHIA, PA 19103
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	CARYN KINZIG, 1926 ARCH ST.
STREET ADDRESS		5.3 STREET ADDRESS	PHILADELPHIA, PA 19103
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	INGRID WELCH, 1926 ARCH ST.
STREET ADDRESS		6.3 STREET ADDRESS	PHILADELPHIA, PA 19103
CITY-ST-ZIP		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 attachment with an address.

SIGNATURE: _____ Date: 2/16/98 Daytime Phone: _____

CR2E034 (9/96)

PE
2-17