

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

PROFIT CORPORATION ANNUAL REPORT 1999
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 JAN 21 PM 4:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 850512
 1. Corporation Name

CMS INVESTMENT RESOURCES, INC.
 Principal Place of Business Mailing Address

1926 ARCH STREET
 PHILADELPHIA, PA 19103

3. Date Incorporated or Qualified 9/29/81
 3a. Date of Last Report 5/1/98

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	23-2174789	Applied For	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired		\$8.75	Additional Fee Required
23	City & State	City & State	28	6. Election Campaign Financing		\$5.00	May Be Added to Fees
24	Zip	Country	29	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		Yes	No
			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

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE NAME	P- PAUL SILBERBERG	<input type="checkbox"/>	DELETE	1.1 TITLE		<input type="checkbox"/>	Change <input type="checkbox"/>	Addition
STREET ADDRESS	151 CHERRY LANE			1.2 NAME				
CITY-ST-ZIP	WYNNEWOOD, PA 19096			1.3 STREET ADDRESS				
TITLE NAME	C- MARK SOLOMON	<input type="checkbox"/>	DELETE	2.1 TITLE		<input type="checkbox"/>	Change <input type="checkbox"/>	Addition
STREET ADDRESS	429 DOVE LAKE ROAD			2.2 NAME				
CITY-ST-ZIP	BRYN MAWR, PA 19010			2.3 STREET ADDRESS				
TITLE NAME	V/T	<input type="checkbox"/>	DELETE	2.4 CITY-ST-ZIP				
STREET ADDRESS	WILLIAM LANDMAN, 19 26 ARCH ST.			3.1 TITLE		<input type="checkbox"/>	Change <input type="checkbox"/>	Addition
CITY-ST-ZIP	PHILADELPHIA, PA 19103			3.2 NAME				
TITLE NAME	V/S	<input type="checkbox"/>	DELETE	3.3 STREET ADDRESS				
STREET ADDRESS	RICHARD MITCHELL, 1926 ARCH ST.			3.4 CITY-ST-ZIP				
CITY-ST-ZIP	PHILADELPHIA, PA 19103			4.1 TITLE		<input type="checkbox"/>	Change <input type="checkbox"/>	Addition
TITLE NAME	V/S	<input type="checkbox"/>	DELETE	4.2 NAME				
STREET ADDRESS	CARYN KINZIG, 1926 ARCH ST.			4.3 STREET ADDRESS				
CITY-ST-ZIP	PHILADELPHIA, PA 19103			4.4 CITY-ST-ZIP				
TITLE NAME	V/S	<input type="checkbox"/>	DELETE	5.1 TITLE		<input type="checkbox"/>	Change <input type="checkbox"/>	Addition
STREET ADDRESS	INGRID WELCH, 1926 ARCH ST.			5.2 NAME				
CITY-ST-ZIP	PHILADELPHIA, PA 19103			5.3 STREET ADDRESS				
TITLE NAME	V/S	<input type="checkbox"/>	DELETE	5.4 CITY-ST-ZIP				
STREET ADDRESS				6.1 TITLE		<input type="checkbox"/>	Change <input type="checkbox"/>	Addition
CITY-ST-ZIP				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 attachment with an address.

SIGNATURE: David Difelice Date: 1/15/99 (215) 246 3000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #