

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

FILED
Jun 04 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 # 824414 (7)

1. Corporation Name
M.A. BRUDER & SONS, INCORPORATED



Principal Place of Business 600 REED ROAD BROOMALL PA 19008-3505	Mailing Address 600 REED ROAD BROOMALL PA 19008-3505
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 04/21/1970	
4. FEI Number 23-1275778	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRUDER, THOMAS A. JR.	
STREET ADDRESS	600 REED RD.	
CITY-ST-ZIP	BROOMALL PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WINTERS, DAVID R.	
STREET ADDRESS	600 REED RD.	
CITY-ST-ZIP	BROOMALL PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRUDER, JAMES J	
STREET ADDRESS	600 REED RD.	
CITY-ST-ZIP	BROOMALL PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRUDER, MICHAEL A.	
STREET ADDRESS	600 REED ROAD	
CITY-ST-ZIP	BROOMALL PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRUDER, THOMAS A	
STREET ADDRESS	9 PLYMOUTH ROAD	
CITY-ST-ZIP	NEWTOWN SQUARE PA	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	BURNS, FRANCIS P.	
STREET ADDRESS	604 WILDE AVE	
CITY-ST-ZIP	DREXEL HILL PA	

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 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: *Francis P. Burns* **FRANCIS P. BURNS** **AST** **ELBULEX** **(410) 253-5100**

CR2E034 (10/97)