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Apr 03 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 # **F93000002087 (5)**
1. Corporation Name
CITADEL FINANCIAL GROUP, INC.



Principal Place of Business: 1515 LOCUST ST. SUITE 900 PHILADELPHIA PA 19102
Mailing Address: 1515 LOCUST ST. SUITE 900 PHILADELPHIA PA 19102-3794

3. Date Incorporated or Qualified: 05/05/1993
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business: 21 Atrium I, Suite, Apt. #, etc. 22 SUITE 204 1000 Atrium WAY, City & State: 23 Mt. Laurel, NJ, Zip: 24 08064, Country: 25 USA
2a. Mailing Address: 26 Atrium I, Suite, Apt. #, etc. 27 SUITE 204 1000 Atrium WAY, City & State: 28 Mt. Laurel, NJ, Zip: 29 08054, Country: 30 USA

4. FEI Number: 52-1641505, Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: TOBER, JOHN E, 1404 BRICKELL AVENUE, SUITE 340, MIAMI FL 33131

10. Name and Address of New Registered Agent: 81 Name: Tober, John E, 82 Street Address: 1404 Brickell Avenue, 83 Suite 340, 84 City: Miami, FL, 85 Zip Code: 33131

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: Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	GORENBERG, CHARLES L	
STREET ADDRESS	1515 LOCUST ST., STE. 900	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	DVCT	<input type="checkbox"/> DELETE
NAME	FRANK, SEYMOUR	
STREET ADDRESS	1515 LOCUST ST., STE. 900	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BREYLEY, RICHARD	
STREET ADDRESS	1010 KINGS HWY. SOUTH, STE. E	
CITY-ST-ZIP	CHERRY HILL NJ 08034	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGANN, DENISE	
STREET ADDRESS	49 DI'S COURT	
CITY-ST-ZIP	SEWELL NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GORENBERG, CHARLES L	
1.3 STREET ADDRESS	Atrium I Suite 204 1000 Atrium Way	
1.4 CITY-ST-ZIP	Mt. Laurel, New Jersey 08054	
2.1 TITLE	DVCT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRANK, SEYMOUR	
2.3 STREET ADDRESS	Atrium I Suite 204 1000 Atrium Way	
2.4 CITY-ST-ZIP	Mt. Laurel, New Jersey 08054	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BREYLEY, RICHARD	
3.3 STREET ADDRESS	75 Haddon Avenue Suite 100	
3.4 CITY-ST-ZIP	Haddonfield, NJ 08033	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MCGANN, DENISE	
4.3 STREET ADDRESS	49 DI'S COURT	
4.4 CITY-ST-ZIP	Sewell, NJ	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John J. Fischer	
5.3 STREET ADDRESS	222 Borton Mill Court	
5.4 CITY-ST-ZIP	Delran, NJ 08075	
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 attachment with an address.

SIGNATURE: *Charles Gorenberg* (609) 3-5-97 866-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
000770

CR2E034 (9/96)