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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morrison  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001219 (4)**  
1. Corporation Name  
**CONVENANT BROKERAGE SERVICES, INC.**

Principal Place of Business: **1050 WESTLAKES DR. BERWYN PA 19312-2419**  
Mailing Address: **1050 WESTLAKES DR. BERWYN PA 19312-2419**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/10/1994**  
3a. Date of Last Report: \_\_\_\_\_  
4. FEI Number: **23-2412039**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

21. Principal Place of Business: **21**  
2a. Mailing Address: **26 P.O. Box 7378**  
Suite, Apt. #, etc.: \_\_\_\_\_  
City & State: **27 Phila., PA**  
23. City & State: **28 Phila., PA**  
24. Zip: **25 19101** Country: **29 USA**

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
B1 Name: \_\_\_\_\_  
B2 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
B3 \_\_\_\_\_  
B4 City: \_\_\_\_\_  
B5 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	KLOSS, ROBERT W
STREET ADDRESS	1050 WESTLAKES DR.
CITY-ST-ZIP	BERWYN PA 19312
TITLE	V
NAME	BERESFORD, THOMAS E
STREET ADDRESS	1050 WESTLAKES DR.
CITY-ST-ZIP	BERWYN PA 19312
TITLE	VD
NAME	COLLINELLI, STEPHEN J
STREET ADDRESS	1050 WESTLAKES DR.
CITY-ST-ZIP	BERWYN PA 19312
TITLE	VD
NAME	WOOD, CHARLES W JR
STREET ADDRESS	1050 WESTLAKES DR.
CITY-ST-ZIP	BERWYN PA 19312
TITLE	T
NAME	KESTNER, JAMES D
STREET ADDRESS	1050 WESTLAKES DR.
CITY-ST-ZIP	BERWYN PA 19312
TITLE	S
NAME	TWARDOWSKI, EUGENE M
STREET ADDRESS	1050 WESTLAKES DR.
CITY-ST-ZIP	BERWYN PA 19312

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1600 Market St.
1.4 CITY-ST-ZIP	Phila., PA 19103
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V.P.
2.3 STREET ADDRESS	Louis A. Aviole
2.4 CITY-ST-ZIP	1600 Market St Phila., PA 19103
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1600 Market St.
3.4 CITY-ST-ZIP	Phila., PA 19103
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 checked="" type="checkbox"/> Addition
5.2 NAME	Treasurer
5.3 STREET ADDRESS	Rosanne Gatta
5.4 CITY-ST-ZIP	1600 Market St. Phila., PA 19103
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Secretary
6.3 STREET ADDRESS	Linda E. Senker
6.4 CITY-ST-ZIP	1600 Market St. Phila., PA 19103

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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: *Rosanne Gatta* (Rosanne Gatta) 3/8/95 (215) 636-8369  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime (Area) #