

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

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001219 (4)
1. Corporation Name
1717 BROKERAGE SERVICES, INC.



Principal Place of Business 1050 WESTLAKES DR. BERWYN PA 19312-2419	Mailing Address P O BOX 7378 PHILADELPHIA PA 19101-7378 US
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3. Date Incorporated or Qualified 03/10/1994	3a. Date of Last Report 04/29/1996
4. FEI Number 23-2412039	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 1717
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Valley Forge, PA
Zip 24	Country 29 19482
Country 25	Country 30

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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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	PC	<input type="checkbox"/> DELETE
NAME	KLOSS, ROBERT W	
STREET ADDRESS	1600 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	AVIOLA, LOUIS A	
STREET ADDRESS	1600 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COLLINELLI, STEPHEN J	
STREET ADDRESS	1600 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GATTA, ROSANNE	
STREET ADDRESS	1600 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SENKER, LINDA E	
STREET ADDRESS	1600 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kloss, Robert	
1.3 STREET ADDRESS	1050 Westlakes Drive	
1.4 CITY-ST-ZIP	Berwyn, PA 19312	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Aviola, Louis	
2.3 STREET ADDRESS	220 Continental Drive	
2.4 CITY-ST-ZIP	Newark, DE 19713	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Collinelli, Stephen	
3.3 STREET ADDRESS	1050 Westlakes Drive	
3.4 CITY-ST-ZIP	Berwyn, PA 19312	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gatta, Rosanne	
4.3 STREET ADDRESS	1205 Westlakes Drive	
4.4 CITY-ST-ZIP	Berwyn, PA 19312	
5.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Scaramella, Adam	
5.3 STREET ADDRESS	1050 Westlakes Drive	
5.4 CITY-ST-ZIP	Berwyn, PA 19312	
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 _____

CR2E034 (9/96)