

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

**FILED**  
**May 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000001219 (4)**  
 1. Corporation Name  
**1717 BROKERAGE SERVICES, INC.**



Principal Place of Business <b>1050 WESTLAKES DR. BERWYN PA 19312-2419</b>	Mailing Address <b>P O BOX 1717 VALLEY FORGE PA 19482 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>03/10/1994</b>	
21 Suite, Apt. #, etc	22 City & State	23 Zip	24 Country	25	26
21		26		4. FEI Number <b>23-2412039</b>	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KLOSS, ROBERT W</b>		1.2 NAME		
STREET ADDRESS	<b>1050 WESTLAKES DR</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>BERWYN PA</b>		1.4 CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AVIOLA, LOUIS A</b>		2.2 NAME		
STREET ADDRESS	<b>220 CONTINENTAL DR</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>NEWARK DE</b>		2.4 CITY-ST-ZIP		
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COLLINELLI, STEPHEN J</b>		3.2 NAME		
STREET ADDRESS	<b>1050 WESTLAKES DR</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>BERWYN PA</b>		3.4 CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GATTA, ROSANNE</b>		4.2 NAME		
STREET ADDRESS	<b>1205 WESTLAKES DR</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>BERWYN PA</b>		4.4 CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCARAMELLA, ADAM</b>		5.2 NAME		
STREET ADDRESS	<b>1050 WESTLAKES DR</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>BERWYN PA</b>		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: *Stephen J. Collinelli* STRONG, MARY LYNN 1/27/98 107-1717

CR2E034 (10/97)