

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

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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

DOCUMENT # F94000001603 (9)
1. Corporation Name
PROPHET 21 (NEW JERSEY), INC.



Principal Place of Business: 19 WEST COLLEGE AVE. YARDLEY PA 19067
Mailing Address: 19 WEST COLLEGE AVE. YARDLEY PA 19067-1516

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip
25. Country
29. Zip
30. Country

3. Date incorporated or Qualified: 03/30/1994
3a. Date of Last Report: 03/05/1996
4. FEI Number: 22-2048638
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

9. Name and Address of Current Registered Agent
C T 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
85 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PC MEGGITT, JOHN <input type="checkbox"/> DELETE
NAME	19 W. COLLEGE AVE YARDLEY PA
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SD MEGGITT, DOROTHY <input type="checkbox"/> DELETE
NAME	19 W. COLLEGE AVE. YARDLEY PA
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VTD BOYLE, CHARLES <input type="checkbox"/> DELETE
NAME	19 W. COLLEGE AVE. YARDLEY PA
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V JAFFE, NEIL <input type="checkbox"/> DELETE
NAME	19 W. COLLEGE AVE. YARDLEY PA
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V HERCUS, RICHARD <input checked="" type="checkbox"/> DELETE
NAME	19 W. COLLEGE AVE. YARDLEY PA
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D CISSONE, LOUIS <input type="checkbox"/> DELETE
NAME	19 W. COLLEGE AVE. YARDLEY PA
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Meggitt, John
1.3 STREET ADDRESS	19 W. College Ave. Yardley, PA 19067
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mark Timmerman
2.3 STREET ADDRESS	19 W. College Ave. Yardley, PA 19067
2.4 CITY-ST-ZIP	
3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Boyle, Charles
3.3 STREET ADDRESS	19 W. College Ave. Yardley, PA 19067
3.4 CITY-ST-ZIP	
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Giuliani, Thomas
4.3 STREET ADDRESS	19 W. College Ave. Yardley, PA 19067
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 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: Thomas Giuliani Thomas Giuliani 1/14/97 (215) 493-8900
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)