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

Mailing Address CORP COMPLIANCE

100 WITMER RD BOX 963

HORSHAM PA 19044-963

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000004481

Principal Place of Business

HORSHAM PA 19044-0963

100 WITMER ROAD

PO BOX 963

EXECUTIVE CLOSING SERVICES, INC.

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 901 59 016 ***1 50 00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21			US		08/29/1994
Suite, Apt. #, etc. Suite,	2 Principal Pl	ace of Business	2a. Mailing Address		
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28		e			6. Election Campaign Financing \$5.00 May Be
Zip Country Zip Country Zip Country Single continuous the current registered Agent Single Country Single Co	23		28		Trust Fund Contribution Added to Fees
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 11. Pursuant to the provisions of Sections 607 0502 and 607,1508, Florida Statutes, the advove-nemed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appartment as registered agent, and familiar with, and accept the obligations of . Section 607 6056, Florida Statutes, the advove-nemed corporation is board of directors. I hereby accept the appartment as registered agent, and familiar with, and accept the obligations of . Section 607 6056, Florida Statutes, the advove-nemed corporation is board of directors. I hereby accept the appartment as registered agent, and familiar with, and accept the obligations of . Section 607 6056, Florida Statutes, the advove-nemed corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of . Section 607 6056, Florida Statutes, the advove-nemed corporation is board of directors. I hereby accept the appartment as registered agent, and familiar with, and accept the obligations of . Section 607 6056, Florida Statutes, the advove-nemed corporation is board of directors. I hereby accept the appartment as registered agent, and familiar with, and accept the obligations of . Section 607 6056, Florida Statutes, the advove-nemed corporation is board of directors. I hereby accept the appartment as registered agent, of the corporation is board of directors. I hereby accept the appartment as registered agent, of the corporation is board of directors. I hereby accept the appartment as registered agent, and accept the appartment as registered agent, of the corporation is board of directors. I hereby accept the appartment as registered agent, of the corporation is board of directors. I hereby accept the appartment as registered agent, of the corporation		Country	Zip	Country	
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CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, bypec or printed name of registered agent as dise if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP O'BRIEN, R M O'BRIEN,		9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 2/p Code				81 Nan	ne
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CITY-ST-ZIP 64 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	CITY-ST-ZIP	<u></u>			

indicated on this annual report or supplied with this limits does not quality for the examination stated in Section 113.07(5)(f), helida Statutes. Indicated 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, with all other like empowered.

SIGNATURE:

Snyder SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(215) <u>682-1462</u>