

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

FILED
Apr 10 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 # F96000001568 (2)
 1. Corporation Name
AMERICAN BUSINESS CREDIT OF PENNSYLVANIA, INC.



Principal Place of Business Mailing Address
111 PRESIDENTIAL BOULEVARD, SUITE 215 **111 PRESIDENTIAL BOULEVARD, SUITE 215**
BALA CYNWYD PA 19004 **BALA CYNWYD PA 19004-1058**

3. Date Incorporated or Qualified **03/27/1996** 3a. Date of Last Report
 4. FEI Number **23-2493400** 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

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

9. Name and Address of Current Registered Agent
AKERMAN, SENTERFITT & EIDSON, P.A.
216 SOUTH MONROE STREET, SUITE 300
TALLAHASSEE FL 32301-1859
 10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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	PSVC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTILLI, BEVERLY	1.2 NAME	
STREET ADDRESS	111 PRESIDENTIAL BOULEVARD, SUITE 215	1.3 STREET ADDRESS	
CITY-ST-ZIP	BALA CYNWYD PA 19004	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBEN, JEFFREY	2.2 NAME	
STREET ADDRESS	111 PRESIDENTIAL BOULEVARD, SUITE 215	2.3 STREET ADDRESS	
CITY-ST-ZIP	BALA CYNWYD PA 19004	2.4 CITY-ST-ZIP	
TITLE	CFOD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, DAVID	3.2 NAME	
STREET ADDRESS	111 PRESIDENTIAL BOULEVARD, SUITE 215	3.3 STREET ADDRESS	
CITY-ST-ZIP	BALA CYNWYD PA 19004	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTILLI, ANTHONY JR	4.2 NAME	
STREET ADDRESS	111 PRESIDENTIAL BOULEVARD, SUITE 215	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALA CYNWYD PA 19004	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David M. Levin Sr. V.P. 4/7/97*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)