

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

FILED  
May 07 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 # **P08729** (6)  
1. Corporation Name  
**1717 ADVISORY SERVICES, INC.**

Principal Place of Business <b>1050 WESTLAKES DR. WESTLAKES DR. PA 19312</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>01/10/1986</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>23-2326859</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AVIOLA, LOUIS A			1.2 NAME			
STREET ADDRESS	220 CONTINENTAL DR.			1.3 STREET ADDRESS	300 CONTINENTAL DRIVE		
CITY-ST-ZIP	NEWARK DE			1.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GATTA, ROSANNE			2.2 NAME			
STREET ADDRESS	1205 WESTLAKES DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	BERWYN PA			2.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REIHL, LANCE			3.2 NAME			
STREET ADDRESS	220 CONTINENTAL DR.			3.3 STREET ADDRESS	300 CONTINENTAL DRIVE		
CITY-ST-ZIP	NEWARK DE			3.4 CITY-ST-ZIP			
TITLE	PO	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASTRANGELO, ANTHONY			4.2 NAME			
STREET ADDRESS	1050 WESTLAKES DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	BERWYN PA			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLESS, ROBERT			5.2 NAME	ROBERT KLOSS		
STREET ADDRESS	185 CONTRY LANE			5.3 STREET ADDRESS			
CITY-ST-ZIP	PHOENIXVILLE PA			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCARAMELLA, ADAM			6.2 NAME			
STREET ADDRESS	1050 WESTLAKES DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	BERWYN PA			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: *Anthony Mastrogiacchino* **ANTHONY MASTROGIACCHINO** 4/2/1998 407.171.7

CR2E034 (10/97)