

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 19 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 # P26189

(1)

1. Corporation Name

MERIDIAN SECURITIES, INC.

Principal Place of Business

601 PENN STREET., 2ND FLOOR
P. O. BOX 7822
READING PA 19603

Mailing Address

C/O TAX DEPT/SR4C70
P.O. BOX 1102
READING PA 19603
US

CoreStates Bank

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 1345 Chestnut Street

Suite, Apt. #, etc.

27 FC: 1-8-15-5

City & State

28 Philadelphia, PA

29 Zip Country

19107 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1989

3a. Date of Last Report

04/22/1996

4. FEI Number

23-2312551

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

CT 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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME UNRUH, ROBERT J.
STREET ADDRESS 179 MOYER RD
CITY-ST-ZIP CHALFONT PA

DELETE

TITLE PD
NAME BURKE, WILLIAM T.
STREET ADDRESS 2944 BIRKDALE
CITY-ST-ZIP FT. LAUDERDALE FL

DELETE

TITLE V
NAME LATOURETTE, KAREN E.
STREET ADDRESS 865 RUTH ROAD
CITY-ST-ZIP TELFORD PA

DELETE

TITLE V
NAME MARTINI, JOSEPH H
STREET ADDRESS 1 MERIDIAN BLVD
CITY-ST-ZIP WYOMISSING PA

DELETE

TITLE SOFO
NAME HARFST, JEFFREY L
STREET ADDRESS 8 DOMIDION COURT
CITY-ST-ZIP MIDDLETOWN NJ

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE William M. Bass
1.2 NAME P/D
1.3 STREET ADDRESS 6600 N. Andrews Avenue
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE V/T/S
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE REQUIRED

8-6-97

CR2E034 (4/97)