

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

**FILED**

**Apr 25 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 # P96000037672 (8)**

1. Corporation Name  
**PHILADELPHIA ASSET MANAGEMENT, INC.**



Principal Place of Business  
**1060 SUNSET STRIP  
SUITE B  
SUNRISE FL 33313**

Mailing Address  
**1060 SUNSET STRIP  
SUITE B  
SUNRISE FL 33313-6106**

3. Date incorporated or Qualified **05/01/1996** 3a. Date of Last Report

2. Principal Place of Business  
21 **5596 BAYVIEW DR.** 2a. Mailing Address  
26 **5596 BAYVIEW DR.**

4. FEI Number **57-1045870** Applied For  
Not Applicable

22 City & State  
23 **Ft. Lauderdale, FL** 27 City & State  
28 **Ft. Lauderdale, FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24 **33308** 25 Country 29 **33308** 30 Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent  
**HILL, EILEEN S  
1060 SUNSET STRIP  
SUITE B  
SUNRISE FL 33313**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent  
81 Name **Glenn M. Gallant**  
82 Street Address (P.O. Box Number is Not Acceptable) **7177 W. Oakland Park Blvd**  
83  
84 City **Lauderhill** FL 85 Zip Code **33313**

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]* DATE **4/21/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	<b>D HEWART, DAVID</b>
STREET ADDRESS	<b>1060 SUNSET STRIP SUITE B</b>
CITY-ST-ZIP	<b>SUNRISE FL 33313</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HEWART, DAVID</b>
1.3 STREET ADDRESS	<b>5596 BAYVIEW DR.</b>
1.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33308</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 *[Signature]* DATE **4/21/97** **854-741-4444**

CR2E034 (9/96)