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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

1080 SUNSET STRIP
SUITE B
SUNRISE FL 33313

Mailing Address

1080 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.
Suite, Apt. #, etc.

2a. Mailing Address

26 5596 BAYVIEW DR.
Suite, Apt. #, etc.

4. FEI Number

57-1045870

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

City & State

23 Ft. Lauderdale, FL

City & State

28 Ft. Lauderdale, FL

Zip

24 33308

Country

Zip

29 33308

Country

30

9. Name and Address of Current Registered Agent

HILL, EILEEN S
1080 SUNSET STRIP
SUITE B
SUNRISE FL 33313

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

(NOTE: Registered Agent signature required when reinstating)

4/21/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D HEWART, DAVID
STREET ADDRESS 1080 SUNSET STRIP SUITE B
CITY-ST-ZIP SUNRISE FL 33313

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME HEWARD, DAVID
1.3 STREET ADDRESS 5596 BAYVIEW DR.
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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] 4/21/97 854-741-4444

CR2E034 (9/96)