

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN -5 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000037672 (8)

1. Corporation Name
PHILADELPHIA ASSET MANAGEMENT, INC.



Principal Place of Business
5596 BAYVIEW DR.
FT. LAUDERDALE FL 33308
US

Mailing Address
5596 BAYVIEW DR.
FT. LAUDERDALE FL 33306
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/01/1996

2. Principal Place of Business
21 7177 Oakland Park Blvd
Suite, Apt #, etc.

2a. Mailing Address
26 7177 Oaklana Pk Blvd.
Suite, Apt #, etc.

4. FEI Number
57-1045870
Applied For
Not Applicable

22

27

6. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
Lauderhill FL

28 City & State
Lauderhill FL

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

24 Zip 33313 25 Country US

29 Zip 33313 30 Country US

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

10. Name and Address of New Registered Agent

GALLANT, GLENN W.
7177 W. OAKLAND PARK BLVD.
LAUDERHILL FL 33313

81 Name David Heward
82 Street Address (P.O. Box Number is Not Acceptable)
5596 Bayview Dr
83
84 City Ft lauderdale FL 85 Zip Code 33308

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 *David Heward*

4/24/98

Signature: typed or printed name of registered agent is not acceptable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HEWART, DAVID	
STREET ADDRESS	5596 BAYVIEW DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	900002553959-4
2.3 STREET ADDRESS	-06/10/98--01005--023
2.4 CITY-ST-ZIP	****150.00 ****150.00
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	

CR2E034 (10/97)

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 to this address.

SIGNATURE: *David Heward* David Heward 4/24/98 954-746-4000