

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90065 040 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F94000004368**

1. Corporation Name  
**ADVANTA NAME CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business WELSH & MCKEAN RDS 300 WELSH RD SPRING HOUSE PA 19477-0844 US	Mailing Address WELSH & MCKEAN RDS 300 WELSH RD SPRING HOUSE PA 19477-0844 US
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3. Date Incorporated or Qualified <b>08/23/1994</b>	
4. FEI Number <b>23-2741080</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
 1201 HAYS ST., STE. 105  
 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 **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALTER, DENNIS	
STREET ADDRESS	WELSH & MCKEAN RDS	
CITY-ST-ZIP	SPRING HOUSE PA	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DEIGANO, CHRISTOPHER	
STREET ADDRESS	WELSH & MCKEAN RD	
CITY-ST-ZIP	SPRING HOUSE PA 19477	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CALAMARI, JOHN	
STREET ADDRESS	200 TOURNAMENT DR	
CITY-ST-ZIP	HORSHAM PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COHEN, LIANE	
STREET ADDRESS	WELSH & MCKEAN RD	
CITY-ST-ZIP	SPRING HOUSE PA 19477	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSOFF, WILLIAM A	
STREET ADDRESS	WELSH & MCKEAN RD	
CITY-ST-ZIP	SPRING HOUSE PA 19477	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GIUSTI, SUSAN	
STREET ADDRESS	WELSH & MCKEAN RD	
CITY-ST-ZIP	SPRING HOUSE PA 19477	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
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 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, with all other like empowered.

SIGNATURE: Susan Giusti **Susan Giusti** Assistant Secretary  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)