

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

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Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90013 024 ***558.75

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 824414

1. Corporation Name
M.A. BRUDER & SONS, INCORPORATED



Principal Place of Business
**600 REED ROAD
 BROOMALL PA 19008-3505**

Mailing Address
**600 REED ROAD
 BROOMALL PA 19008-3505**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 25 Suite, Apt. #, etc.
 26 City & State
 27 Zip Country
 28

3. Date Incorporated or Qualified
04/21/1970

4. FEI Number
23-1275778

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 the current year Intangible Personal Property Tax. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRUDER, THOMAS A. JR.	
STREET ADDRESS	600 REED RD.	
CITY-ST-ZIP	BROOMALL PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WINTERS, DAVID R.	
STREET ADDRESS	600 REED RD.	
CITY-ST-ZIP	BROOMALL PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRUDER, JAMES J	
STREET ADDRESS	600 REED RD.	
CITY-ST-ZIP	BROOMALL PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRUDER, MICHAEL A.	
STREET ADDRESS	600 REED ROAD	
CITY-ST-ZIP	BROOMALL PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRUDER, THOMAS A	
STREET ADDRESS	9 PLYMOUTH ROAD	
CITY-ST-ZIP	NEWTOWN SQUARE PA	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	BURNS, FRANCIS P.	
STREET ADDRESS	604 WILDE AVE	
CITY-ST-ZIP	DREXEL HILL PA	

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: *F.P. Burns* F.P. Burns ASST SECY/TREAS 5/12/99 (610) 3535100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)