

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

53 MAR 22 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08729 (6)

1. Corporation Name
COVENANT SECURITIES, INC.

Principal Place of Business
1050 WESTLAKES DR.
WESTLAKES DR. PA 19312

Mailing Address
P.O. BOX 1717-
VALLEY FORGE PA 19482

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/10/1986
35. Date of Last Report 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24
25
26. Mailing Address
26
P.O. Box 7378
27
Suite, Apt. #, etc.
28
City & State
28
Phila, PA
29
Zip
19101
30
Country
USA

4. FEI Number 23-2326859
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

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
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
85 Zip Code
FL

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 reconstituting) DATE

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	COLLINELLI, STEPHEN
STREET ADDRESS	1532 JAMES ROAD
CITY-STATE-ZIP	WYNNWOOD PA
TITLE	DT
NAME	KESTNER, JAMES
STREET ADDRESS	1111 WOODDEEL WAY
CITY-STATE-ZIP	MECLRA PA 19063
TITLE	P
NAME	NAYLOR, ALISON C.
STREET ADDRESS	262 DRUMMER'S LANE
CITY-STATE-ZIP	PHILADELPHIA PA
TITLE	VD
NAME	WOOD, CHARLES W
STREET ADDRESS	22 JAMES THOMAS RD
CITY-STATE-ZIP	MALVERN PA
TITLE	C
NAME	KLOSS, ROBERT W.
STREET ADDRESS	185 COUNTRY LANE
CITY-STATE-ZIP	PHOENIXVILLE PA 19460
TITLE	S
NAME	TINARELOINSKI, EUGENE M
STREET ADDRESS	2 STUART DR.
CITY-STATE-ZIP	MALVERN PA 19355

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Operations	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Louis A. Aviola	
1.3 STREET ADDRESS	1600 Market St	
1.4 CITY-STATE-ZIP	Phila., PA 19103	
2.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rosanne Gatta	
2.3 STREET ADDRESS	1600 Market St.	
2.4 CITY-STATE-ZIP	Phila., PA 19103	
3.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lance R. Reihl	
3.3 STREET ADDRESS	1600 Market St.	
3.4 CITY-STATE-ZIP	Phila., PA 19103	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert S. Johnson	
4.3 STREET ADDRESS	1600 Market St.	
4.4 CITY-STATE-ZIP	Phila., PA 19103	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Linda E. Senkar	
6.3 STREET ADDRESS	1600 Market St.	
6.4 CITY-STATE-ZIP	Phila., PA 19103	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Rosanne Gatta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/95 (215) 636-8369
Date (Typed Name)