

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P08729 (6)

1. Corporation Name
1717 ADVISORY SERVICES, INC.



Principal Place of Business 1050 WESTLAKES DR. WESTLAKES DR. PA 19312	Mailing Address P.O. BOX 1717 VALLEY FORGE PA 19482 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 01/10/1986	
4. FEI Number 23-2326859	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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	VP <input type="checkbox"/> DELETE
NAME	AVIOLA, LOUIS A
STREET ADDRESS	220 CONTINENTAL DR.
CITY-ST-ZIP	NEWARK DE
TITLE	T <input type="checkbox"/> DELETE
NAME	GATTA, ROSANNE
STREET ADDRESS	1205 WESTLAKES DR.
CITY-ST-ZIP	BERWYN PA
TITLE	P <input type="checkbox"/> DELETE
NAME	REIHL, LANCE
STREET ADDRESS	220 CONTINENTAL DR.
CITY-ST-ZIP	NEWARK DE
TITLE	FO <input type="checkbox"/> DELETE
NAME	MASTRANGELO, ANTHONY
STREET ADDRESS	1050 WESTLAKES DR
CITY-ST-ZIP	BERWYN PA
TITLE	D <input type="checkbox"/> DELETE
NAME	KLESS, ROBERT
STREET ADDRESS	185 CONTRY LANE
CITY-ST-ZIP	PHOENIXVILLE PA
TITLE	S <input type="checkbox"/> DELETE
NAME	SCARAMELLA, ADAM
STREET ADDRESS	1050 WESTLAKES DR
CITY-ST-ZIP	BERWYN PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	300 CONTINENTAL DRIVE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	300 CONTINENTAL DRIVE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBERT KLOSS
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100002518031
6.3 STREET ADDRESS	-05/11/98--01015--034
6.4 CITY-ST-ZIP	***150.00

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.

SIGNATURE: *Anthony Mastangelo* **ANTHONY MASTANGELO** **4/12/98** **4071713**

CR2E034 (10/97)