FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 754969 (4)

1. Corporation Name

SECURITY TRADERS ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O WIEN SECURITIES 5550 GLADES ROAD BOCA RATON FL 33431	C/O WIEN SECURITIES 5550 GLADES ROAD BOCA RATON FL 33431

3. Date Incorporated or Qualified: 11/04/1980
3a. Date of Last Report: 10/27/1995

2. Principal Place of Business
21: C/O NAIB TRADING Corp.
Suite/Apt. #, etc. 22: 800 EAST Cypress Creek Rd
City & State 23: Ft. Lauderdale FL
Zip 24: 33334 Country 25: USA

2a. Mailing Address
26: C/O NAIB TRADING Corp.
Suite, Apt. #, etc. 27: Suite 302
City & State 28: Ft. Lauderdale FL
Zip 29: 33334 Country 30: USA

4. FEI Number: 59-2121451 ☐ 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

HOOPS-MCCORMACK BARBARA
5550 GLADES ROAD
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: Michael S. Parnass
82 Street Address (P.O. Box Number is Not Acceptable): 800 East Cypress Creek Road Suite 302
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33334

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	President	☒ Change ☐ Addition
NAME	HOOOPS-MCCORMACK, BARBARA		12 NAME	JAY SKOLNICK	
STREET ADDRESS	5550 GLADES ROAD STE 304		13 STREET ADDRESS	7700 W Camino Real	
CITY-ST-ZIP	BOCA RATON FL 33431		14 CITY-ST-ZIP	Boca Raton Fla 33433	
TITLE	1STV	☒ DELETE	21 TITLE	1ST VP	☒ Change ☐ Addition
NAME	SKOLNICK, JAY		22 NAME	Charles McBride	
STREET ADDRESS	980 N. FEDERAL HWY STE 210		23 STREET ADDRESS	1250 Hgwy #1792	
CITY-ST-ZIP	BOCA RATON FL		24 CITY-ST-ZIP	Longwood, Fla 32710	
TITLE	2NDV	☒ DELETE	31 TITLE	Vice President	☒ Change ☐ Addition
NAME	MCBRIDE, CHARLES		32 NAME	Coletta Orndo	
STREET ADDRESS	1250 HWY #1792		33 STREET ADDRESS	980 N Federal Hgwy	
CITY-ST-ZIP	LONGWOOD FL 32750		34 CITY-ST-ZIP	Boca Raton Fla 33432	
TITLE	SD	☒ DELETE	41 TITLE	Treasurer	☒ Change ☐ Addition
NAME	RECH, JAMES		42 NAME	Michael Parnass	
STREET ADDRESS	300 NW 82 AVE		43 STREET ADDRESS	800 East Cypress Creek	
CITY-ST-ZIP	PLANTATION FL 33324		44 CITY-ST-ZIP	Ft. Lauderdale, Fla 33334	
TITLE	T	☒ DELETE	51 TITLE	James Rech (Secretary)	☒ Change ☐ Addition
NAME	PARNASS, MICHAEL		52 NAME	300 NW 82nd Ave	
STREET ADDRESS	800 EAST CYPRESS CREEK RD SUITE 302		53 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		54 CITY-ST-ZIP	Plantation, Fla 33324	
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	DOYLE, JUDY		62 NAME		
STREET ADDRESS	P.O. BOX 40200 N/A		63 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32203		64 CITY-ST-ZIP		

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Jay Skolnick 6/1/96 407 391 8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael Parnass 800 952 6154

CR2E037 (12/95)