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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **754969**

1. Corporation Name

SECURITY TRADERS ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
% N.A.I.B. 800 E. CYPRESS CREEK RD., SUITE 302 FT. LAUDERDALE FL 33334 US	% N.A.I.B. 800 E. CYPRESS CREEK RD., SUITE 302 FT. LAUDERDALE FL 33334 US

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 11/04/1980

4. FEI Number: 59-2121451 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

MCBRIDE, CHARLIE
1651 WARWICK PLACE
LONGWOOD FL 32750

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 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	1.1 TITLE		☐ Change ☐ Addition
NAME	MCBRIDE, CHARLES		1.2 NAME		
STREET ADDRESS	1657 WARWICK PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CITY-ST-ZIP		
TITLE	1VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DORADO, COLETTA		2.2 NAME		
STREET ADDRESS	850 COQUINA WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PARNASS, MICHAEL		3.2 NAME		
STREET ADDRESS	1800 NE 27TH DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33304		3.4. CITY-ST-ZIP		
TITLE	2VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, TOM		4. 2 NAME		
STREET ADDRESS	1550 BRICKELL AVE., #410-A		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PROCTOR, FRANCES		5.2 NAME		
STREET ADDRESS	8741 PINE BARRENS DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 617, 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: X SIGNATURE REQUIRED 1/6/98 (954) 933-8502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)