

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G65886 (5)**
1. Corporation Name
REPUBLIC SECURITY FINANCIAL CORPORATION

Principal Place of Business Mailing Address
4400 CONGRESS AVE. P.O. BOX 4298
W. PALM BCH. FL. 33402 WEST APLM BEACH FL 33402-4298
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/21/1983		3a. Date of Last Report 06/08/1994	
4. FFI Number 59-2335075		Applied For 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Principal Place of Business	2a. Mailing Address		
21 State, Apt #, etc	26 State, Apt #, etc		
22 City & State	27 City & State WEST PALM BEACH		
23 Zip	28 Zip		
24 Country	29 Country		
25	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FLETCHER, JOHN S 5300 S.E. FINANCIAL CENTER 200 S. BISCAYNE BLVD. MIAMI FL 33131-8339		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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORE, H. GEARL	1.2 NAME	
STREET ADDRESS	610 XANADU PLACE	1.3 STREET ADDRESS	
CITY, ST, ZIP	JUPITER FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDAHL, LENNART E., JR.	2.2 NAME	
STREET ADDRESS	944 MARLIN CR	2.3 STREET ADDRESS	
CITY, ST, ZIP	JUPITER FL	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPITZNAGEL, W.F.	3.2 NAME	
STREET ADDRESS	19500 LOXAHATCHEE RV RD	3.3 STREET ADDRESS	
CITY, ST, ZIP	JUPITER FL	3.4 CITY, ST, ZIP	
TITLE	CDP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUPP, R.E.	4.2 NAME	
STREET ADDRESS	706 XANADU	4.3 STREET ADDRESS	
CITY, ST, ZIP	JUPITER FL	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATHKE, RICHARD C.	5.2 NAME	
STREET ADDRESS	364 GOLFVIEW RD #201	5.3 STREET ADDRESS	
CITY, ST, ZIP	N. PALM BEACH FL	5.4 CITY, ST, ZIP	
TITLE	CDV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASKINS, RICHARD J	6.2 NAME	
STREET ADDRESS	P.O. BOX 4298 N/A	6.3 STREET ADDRESS	
CITY, ST, ZIP	WEST PALM BEACH FL	6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 140.07(3)(a), 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, 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 of this filing, or in an attachment with an address.

SIGNATURE: **RICHARD J. HASKINS** 4/26/95 407-840-1200
Date (Type in full) (Include Area Code)