

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # G65886 (5)**

1. Corporation Name  
**REPUBLIC SECURITY FINANCIAL CORPORATION**



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

3. Date Incorporated or Qualified: **10/21/1983**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21** State Apt. #, etc.  
2a. Mailing Address: **26** Suite, Apt. #, etc.  
4. FEI Number: **59-2335075**  
Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **FLETCHER, JOHN S 5300 S.E. FINANCIAL CENTER 200 S. BISCAYNE BLVD. MIAMI FL 33131-9339**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SO</b> <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORE, H. GEARL</b>	1 2 NAME	
STREET ADDRESS	<b>610 XANADU PLACE</b>	1 3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL</b>	1 4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUNDAHL, LENNART E., JR.</b>	2 2 NAME	
STREET ADDRESS	<b>944 MARLIN CR</b>	2 3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL</b>	2 4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPITZNAGEL, W.F.</b>	3 2 NAME	
STREET ADDRESS	<b>19500 LOXAHATCHEE RV RD</b>	3 3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL</b>	3 4 CITY-ST-ZIP	
TITLE	<b>CDP</b> <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUPP, R.E.</b>	4 2 NAME	
STREET ADDRESS	<b>706 XANADU</b>	4 3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL</b>	4 4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RATHKE, RICHARD C.</b>	5 2 NAME	
STREET ADDRESS	<b>364 GOLFVIEW RD #201</b>	5 3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. PALM BEACH FL</b>	5 4 CITY-ST-ZIP	
TITLE	<b>CDV</b> <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HASKINS, RICHARD J</b>	6 2 NAME	
STREET ADDRESS	<b>P.O. BOX 4298 N/A</b>	6 3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	6 4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: **2/15/96** Daytime Phone #: **407-840-1200**

CR2E034 (12/95)