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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **H19948** **(9)**

1. Corporation Name
CORPORATE CAPITAL SECURITIES, INC.

Principal Place of Business	Mailing Address
974 DOUGLAS AVE SUITE 100 ALTAMONTE SPRINGS FL 32714	974 DOUGLAS AVE SUITE 100 ALTAMONTE SPRINGS FL 32714-2054

2. Principal Place of Business	2a. Mailing Address
21 222 W Comstock Ave.	26 222 W. Comstock Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Ste 221	27 Ste. 221
City & State	City & State
23 Winter Park, FL	28 Winter Park FL
Zip / Country	Zip / Country
24 32789 / 25 US	29 32789 / 30 US

3. Date Incorporated or Qualified: 09/07/1984
3a. Date of Last Report: 08/12/1996
4. FEI Number: 59-2453894 ☐ 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

FRAY, WILLIAM C., JR.
974 DOUGLAS AVE
SUITE 100
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: Bob Semones
82 Street Address (P.O. Box Number is Not Acceptable): 222 W. Comstock Ave.
83 Suite 221
84 City: Winter Park FL 85 Zip Code: 32789

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: Bob Semones (Signature of new registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4-24-97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRAY, WILLIAM C., JR. 974 DOUGLAS AVE SUITE 100 ALTAMONTE SPRINGS FL 32714	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEMONES, BOB 974 DOUGLAS AVE SUITE 100 ALTAMONTE SPRINGS FL 32714	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PRESIDENT/DIRECTOR SEMONES, Bob 222 W. Comstock Ave., Ste 221 Winter Park, FL. 32789 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WILLSEY, ALAN G 974 DOUGLAS AVE SUITE 100 ALTAMONTE SPRINGS FL 32714	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 (407)599-9900
Date / Daytime Phone #

0064067

CR2E034 (9/96)