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 # J04606 (6)

1. Corporation Name

~~CAPITAL SECURITIES GROUP, INC.~~
HBU & ASSOCIATES, INC

Principal Place of Business	Mailing Address
~~490 N HARBOR CITY BLVD~~ ~~MELBOURNE FL 32935-6858~~ 450 BAHAMA DRIVE INDIALANTIC, FL 32903	~~490 N HARBOR CITY BLVD~~ ~~MELBOURNE FL 32935-6858~~ 450 BAHAMA DR INDIALANTIC, FL 32903

2. Principal Place of Business	2a. Mailing Address
21 450 BAHAMA DR	26 450 BAHAMA DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: INDIALANTIC, FL	28 City & State: INDIALANTIC, FL
24 Zip: 32903 25 Country: USA	29 Zip: 32903 30 Country: USA

3. Date Incorporated or Qualified: 03/18/1986	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2655131	☐ 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

UNDERILL, H. J.
490 NORTH HARBOR CITY BLVD.
MELBOURNE FL 32935-6858

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP UNDERILL, H. J., III 490 N HARBOR CITY BLVD MELBOURNE FL 32935-6858	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP HARRY J. UNDERILL 450 BAHAMA DRIVE INDIALANTIC, FL 32903	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DT ELIZABETH T. UNDERILL 450 BAHAMA DRIVE INDIALANTIC, FL 32903	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	300001899395 -07/18/96--01008--027 ***225.00	☐ 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

CR2E034 (12/95)

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)(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: Harry J. Underill HARRY J. UNDERILL 7-8-96 407-723-7471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #