

**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 # **P02716 (9)**

1. Corporation Name  
**DMG SECURITIES, INC.**



Principal Place of Business: **980 N. FEDERAL HWY. SUITE 210 BOCA RATON FL 33432-2740**  
Mailing Address: **980 N. FEDERAL HWY. SUITE 210 BOCA RATON FL 33432-2740**

3. Date Incorporated or Qualified: **07/16/1984**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2424095**  
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

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent  
**CORPORATE SECURITIES GROUP, INC.  
ATTENTION: GENERAL COUNSEL  
980 N FEDERAL HIGHWAY #210  
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WAGNER, ANDREA J.</b>	
STREET ADDRESS	<b>980 N.FEDERAL HWY., #210</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>FERGUSON, DENNIS</b>	
STREET ADDRESS	<b>980 N.FEDERAL HWY., #310</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>CEOP</b>	<input type="checkbox"/> DELETE
NAME	<b>LEEDS, MARSHALL T.</b>	
STREET ADDRESS	<b>980 N.FEDERAL HWY., #110</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>TDV</b>	<input type="checkbox"/> DELETE
NAME	<b>GLASER, GREGG S.</b>	
STREET ADDRESS	<b>980 N.FEDERAL HWY., #310</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARKS, JOEL</b>	
STREET ADDRESS	<b>1117 PERIMETER CENTER W. SUITE 500E</b>	
CITY - ST - ZIP	<b>ATLANTA GA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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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: Gregg S. Glaser April 29, 1996 (407) 338-2761  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
SG 5-1-96

CR2E034 (12/95)