

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P20233 (3)**  
 1. Corporation Name  
**CULLUM & SANDOW SECURITIES, INC.**



Principal Place of Business: **1601 ELM ST S4343 DALLAS TX 75201 US**  
 Mailing Address: **1601 ELM STREET 4343 DALLAS TX 75201-4721 US**

3. Date Incorporated or Qualified: **07/27/1988**  
 3a. Date of Last Report: **04/05/1995**  
 4. FEI Number: **75-2130660**  
 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

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **PRATT, LUCY 6845 PEMBROKE RD HOLLYWOOD FL 33023**  
 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: \_\_\_\_\_ (Type or printed name of registered agent and title, if applicable. (If 901. Registered Agent signature required when re-filing.) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKS, STEVEN L.	1.2 NAME	
STREET ADDRESS	1601 ELM STREET, SUITE 4343	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	
TITLE	MD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDOW, RICHARD L.	2.2 NAME	
STREET ADDRESS	1601 ELM STREET, SUITE 4343	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLUM, T. TIM	3.2 NAME	
STREET ADDRESS	1601 ELM STREET, SUITE 4343	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEITMAN, TIM	4.2 NAME	
STREET ADDRESS	1601 ELM ST S4343	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDOW, LISA	5.2 NAME	
STREET ADDRESS	1601 ELM ST S4343	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Russell Hoffman* **Russell Hoffman** 7/30/96 214-754-0111  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Original Power of Attorney

CR2E034 (3/96)