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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32091

(1)

DAVID M. POLEN SECURITIES, INC.

FILED
Feb 11 1997 8:00am
Secretary of State



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· ·	e of Business	Mailing Address			, 100/100/100 100/100/100/100/100/100/100		prati Vil i	
14502 N. DALE MABRY STE 303		14502 N. DALE MABRY STE 303						
TAMPA FL 3361	18	TAMPA FL 33618-2072						
US		U\$			3. Date Incorporated or Qualified 12/07/1990		of Last 1996	Report
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			13-2984378		1	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	le	City & State			Election Campaign Financing Trust Fund Contribution			0 May Be to Fees
Zip	Country	Zip	Countr	у	8. This corporation has liability for it	ntangible t	x under	s. 199.032,
24	25	29	30			Yes 🗌		
	9. Name and Address of Cur	rent Registered Agent		·	10. Name and Address of New Re	gistered A	gent	
	en, david M.		81	Name				
3913	3 NORTHAMPTON WAY		82	Street Add	iress (P.O. Box Number is Not Acceptab	le)		
TAM	PA FL 33624							
			B\$	3				
			84	City			85 Zig	Code
				.,,		FL		, 0000
SIGNATURE	Signature, Typed or profed rising of registered							
	collecture father its bruneri um is bruefleresco	agent and title 1 applicable. (NO	TE: Registered Ag	ent signature requi	lied when reinstating)	DATE		
12.	OFFICERS /	agent and title 1 approable. (NO AND DIRECTORS	TE: Registered Aç	ent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO	DRS IN 12
	OFFICERS /			ent signature requi		ERS AND	DIRECTO Change	
TITLE	OFFICERS A PTD POLEN, DAVID M.	AND DIRECTORS	13.			ERS AND		
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information indicated on this annual report or supplementar 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 attriction and address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #