

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 # **P94000061209 (0)**

1. Corporation Name
BOCA FINANCIAL SECURITIES, INC.



Principal Place of Business 17056 HUNTINGTON PARKWAY BOCA RATON FL 33496 US	Mailing Address 17056 HUNTINGTON PARKWAY BOCA RATON FL 33496 US
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3. Date Incorporated or Qualified: **08/18/1994** 3a. Date of Last Report: **04/20/1995**

21. Principal Place of Business Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt #, etc.	27. City & State	28. Zip	29. Country	30. Country	4. FEI Number 59-3264320	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
9. Name and Address of Current Registered Agent										5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
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.										6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
SIGNATURE: _____										8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N 4215 SOUTHPOINT BOULEVARD SUITE 100 NATIONAL FINANCIAL BLDG. JACKSONVILLE FL 32216										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.

12. OFFICERS AND DIRECTORS										13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D SCHWARTZ, ELI <input type="checkbox"/> DELETE									1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	17056 HUNTINGTON PKWY									1.2 NAME		
STREET ADDRESS	BOCA RATON FL 33496									1.3 STREET ADDRESS		
CITY-ST-ZIP										1.4 CITY-ST-ZIP		
TITLE	D SCHWARTZ, JERILYN M <input type="checkbox"/> DELETE									2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	17056 HUNTINGTON PKWY									2.2 NAME		
STREET ADDRESS	BOCA RATON FL 33496									2.3 STREET ADDRESS		
CITY-ST-ZIP										2.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE									3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME										3.2 NAME		
STREET ADDRESS										3.3 STREET ADDRESS		
CITY-ST-ZIP										3.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE									4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME										4.2 NAME		
STREET ADDRESS										4.3 STREET ADDRESS		
CITY-ST-ZIP										4.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE									5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME										5.2 NAME		
STREET ADDRESS										5.3 STREET ADDRESS		
CITY-ST-ZIP										5.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE									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		

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~~05/02/96 01089 002~~
*****200.00**

Handwritten signature and initials

14. I do hereby certify that the information supplied with this filing was 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: _____ **4/23/96 407-994-6070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)