

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
1995 APR 25 12:12
STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000063632

1. Corporation Name

E.F. HUTTON CORPORATION

Principal Place of Business

Mailing Address

2000 S. DIXIE HWY.
SUITE 100
MIAMI, FL 33133

2000 S. DIXIE HWY.
SUITE 100
MIAMI, FL 33133

3. Date Incorporated or Qualified: 08/25/1994
3a. Date of Last Report: -

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0519309	Not Applicable
State, Apt #, etc.	State, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ABBASSI, RAY 2000 S. DIXIE HWY. SUITE 100 MIAMI, FL 33133		B1 Name	B5 Zip Code
		B2 Street Address (P.O. Box Number is Not Acceptable)	FL
		B3	
		B4 City	

11. Pursuant to the provisions of sections 607.0812 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 607.0509, Florida Statutes.

SIGNATURE: _____ Signature typed in parentheses if registered agent and the Registrar _____ Signature typed in parentheses if registered agent and the Registrar _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBASSI, RAY	2. NAME	
STREET ADDRESS	2000 S. DIXIE HWY., SUITE 100	3. STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL 33133	4. CITY, ST, ZIP	
TITLE	V	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBASSI, ALI R.	6. NAME	
STREET ADDRESS	2000 S. DIXIE HWY., SUITE 100	7. STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL 33133	8. CITY, ST, ZIP	
TITLE	S/T	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITTS, KATHI L.	10. NAME	
STREET ADDRESS	2000 S. DIXIE HWY., SUITE 100	11. STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL 33133	12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	

14. I hereby certify that the information required will be kept as accurately as possible and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information reported 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. If the officer or director is provided to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in black ink on this report, I do not need to sign an affidavit.

SIGNATURE: *Kathi L. Kitts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kathi L. Kitts
4/19/95
Date
836.5858
Telephone No.