FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, 🐣

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

1. Corporation Name P96000080959 (5)

ALLEN	DOUGLAS SECURITIES, I	INC.							
Principal Piac	ce of Business	Mailing A	ddress			THE TOTAL	-{		
1180 SPRING CENTER S. BLVD. #116 1180 SPRING CENTER S. B ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 3				BLVD. L 32714-	#116 954				
				•			3. Date incorporated or Qualified 3a. Date of Last Report 09/28/1996		
2. Principal F	Place of Business	28. Mailin	g Address				4. FEI Number Applied For		
21		26	Suite, Apt. #, etc.			<u> </u>	59-3908-000 Not Applicab		
Suite, Apt	#, etc.	}¬					5. Certificate of Status Desired \$8.75 Additional Fee Regulred		
City & Star	tc	27 City 8	State				6. Election Campaign Financing \$5.00 May Be		
23		28					Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Co	untry	,	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29		30	,	, ,	Florida Statutes Yes No		
	9. Name and Address of Curr	rent Registered	Agent		81	Massa	10. Name and Address of New Registered Agent		
PIZZUTI, STEPHEN D 180 SPRING CENTER S. BLVD. #116						Name	}		
				Street Addre	Address (P.O. Box Number is Not Acceptable)				
AL	TAMONTE SPRINGS FL 32714				83				
نم					84	City	FL 85 Zip Code		
11 Pureusel	to the provisions of Sections 607.0	502 20 607 180	8 Porida Statu	tes the	hove	named corn			
office of	registered agent, or both, in the Sta	ate of Florida, Su	hange was	authoriz	ed by	the corporati	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered		
		igations in Soci	00/607.0505, P	iorida Sti	atutes) .	4.25-97		
SIGNATURE	Signature, typical particised name of regulated	Mana Sana) able (NO	TE: Register	ed Age	nt signature require	ed when reinstaling) DAYE		
12.	OFF GERS	HID WILD ORS		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
HILE	D	u	DELETE	1.1	IITLE		Change Addition		
NAME	PIZZUTI, STEPHEN D			1.2	NAME		•		
STREET ADDRESS	,			1.3	STREET	address			
City-S*-ZiP	ALTAMONTE SPRINGS FL	32714	·····	1.4	CITY+S	T- ZIP			
TITLE			DELETE	2.1	TITLE	ļ	Change Additi		
NAME				2.2	NAME				
STREET ADDRESS				2.3	STREET	ADDRESS			
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				- 1		ADDRESS			
STREET ADDRESS				5.3	uintti				
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			DELETE	61	TITLE	T-ZIP	Change Additi		
NAME			DELETE	61 62	TITLE NAME		Change Additi		
			DELETE	61 62 63	TITLE NAME	address	Change Additi		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is the earn 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 employered 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 attackment up in an appears.

SIGNATURE:

OURED OFFICER OR DIRECTOR

FILED

May 27 1997 8:00am

Secretary of State