

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

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90009 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V67566

1. Corporation Name
PROGRAM TRADING CORP.



Principal Place of Business 111 NORTH ORANGE AVE 1525 ORLANDO FL 32801 US	Mailing Address 111 NORTH ORANGE AVE 325 1525 ORLANDO FL 32801 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/25/1992	4. FEI Number 59-3145580	Applied For <input type="checkbox"/> No Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

RENNEKER, ROBERT J.
1400 E CHURCH ST
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name Robert J Renneker	82 Street Address (P.O. Box Number Not Acceptable) <i>111 N Orange Ave, Ste 1525</i>
83 111 N. ORANGE AVENUE # 1525	84 City Orlando
85 Zip Code FL 32801	

11. Pursuant to the provisions of Sections 607.050 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: *Robert J Renneker* **RENNEKER** DATE: **4/23/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RENNEKER, ROBERT J.		1.2 NAME Robert J Renneker	
STREET ADDRESS 1400 E CHURCH ST		1.3 STREET ADDRESS 111 N Orange Ave, Ste 1525	
CITY-ST-ZIP ORLANDO FL 32801		1.4 CITY-ST-ZIP Orlando FL 32801	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME William Groeneveld	
STREET ADDRESS		2.3 STREET ADDRESS 18 Hersey Drive	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Ocean Ridge FL 33435	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Lev Parnas	
STREET ADDRESS		3.3 STREET ADDRESS 798 NE 71st St	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Boca Raton FL 33487	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Robert Grinberg	
STREET ADDRESS		4.3 STREET ADDRESS 2000 Island Blvd	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Miami FL 33160	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Mitchell Reisman	
STREET ADDRESS		5.3 STREET ADDRESS 19 Oliver Pl	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Staten Island NY 10314	
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	

14. I 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 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, with all other like empowered.

SIGNATURE: *Robert J Renneker* **RENNEKER** DATE: **4/23/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)