

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

55 MAY -1 PM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V67566** (2)

1. Corporation Name  
**PROGRAM TRADING CORP.**

Principal Place of Business: **777 S HARBOUR ISLAND BLVD. S-250 TAMPA FL 33602**  
Mailing Address: **1110 KEYES AVE S-250 WINTER PARK FL 32789 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/25/1992** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-3145580** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Adding to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 2a. Mailing Address:  
21. **111 NORTH ORANGE AVENUE** 26. **111 NORTH ORANGE AVENUE**  
22. **825** 27. **825**  
23. **ORLANDO, FLORIDA** 28. **ORLANDO, FLORIDA**  
24. **32801** 25. **ORANGE** 29. **32801** 30. **ORANGE**

9. Name and Address of Current Registered Agent  
**RENNEKER, ROBERT J.  
1110 KEYES AVE  
S-250  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                            |
|----------------|----------------------------|
| TITLE          | <b>DP</b>                  |
| NAME           | <b>RENNEKER, ROBERT J.</b> |
| STREET ADDRESS | <b>1110 KEYES AVE.</b>     |
| CITY ST ZIP    | <b>WINTER PARK FL</b>      |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY ST ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY ST ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY ST ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY ST ZIP    |                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|    |                |   |
|----|----------------|---|
| 11 | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 | NAME           |   |
| 13 | STREET ADDRESS |   |
| 14 | CITY ST ZIP    |   |
| 21 | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 | NAME           |   |
| 23 | STREET ADDRESS |   |
| 24 | CITY ST ZIP    |   |
| 31 | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 | NAME           |   |
| 33 | STREET ADDRESS |   |
| 34 | CITY ST ZIP    |   |
| 41 | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 | NAME           |   |
| 43 | STREET ADDRESS |   |
| 44 | CITY ST ZIP    |   |
| 51 | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 | NAME           |   |
| 53 | STREET ADDRESS |   |
| 54 | CITY ST ZIP    |   |
| 61 | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 | NAME           |   |
| 63 | STREET ADDRESS |   |
| 64 | CITY ST ZIP    |   |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(4)(b), 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 the block of block 13 or 14 or on an attachment with an address.

SIGNATURE: **RENNEKER** 4/30/95 407 841 0998