

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

FILED
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 Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 1525 28 City & State 29 Zip Country 30
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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)
~~111 N Orange Ave, Ste 1525~~

83 **111 N. ORANGE AVENUE # 1525**

84 City **Orlando** FL 85 Zip Code **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		<input type="checkbox"/> DELETE
TITLE	DP	
NAME	RENNEKER, ROBERT J.	
STREET ADDRESS	1400 E CHURCH ST	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	President/Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Robert J Renneker		
1.3 STREET ADDRESS	111 N Orange Ave, Ste 1525		
1.4 CITY-ST-ZIP	Orlando FL 32801		
2.1 TITLE	Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	William Groeneveld		
2.3 STREET ADDRESS	18 Hersey Drive		
2.4 CITY-ST-ZIP	Ocean Ridge FL 33435		
3.1 TITLE	Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Lev Parnas		
3.3 STREET ADDRESS	798 NE 71st St		
3.4 CITY-ST-ZIP	Boca Raton FL 33487		
4.1 TITLE	Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Robert Grinberg		
4.3 STREET ADDRESS	2000 Island Blvd		
4.4 CITY-ST-ZIP	Miami FL 33160		
5.1 TITLE	Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Mitchell Reisman		
5.3 STREET ADDRESS	19 Oliver Pl		
5.4 CITY-ST-ZIP	Staten Island NY 10314		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 (1/98)