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**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 <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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 <del>325</del> 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 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified <b>09/25/1992</b>	4. FEI Number <b>59-3145580</b>	Applied For <input type="checkbox"/> No Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>Robert J Renneker</b>
82 Street Address (P.O. Box Number Not Acceptable) <del>111 N Orange Ave Ste 1525</del>
83 <b>111 N. ORANGE AVENUE # 1525</b>
84 City <b>Orlando</b>
85 Zip Code <b>FL 32801</b>

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