

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 544101 (9)
 1. Corporation Name
KASHNER DAVIDSON SECURITIES CORPORATION



Principal Place of Business 77 S. PALM AVE. SARASOTA FL 34236	Mailing Address 77 S. PALM AVE. SARASOTA FL 34236
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/30/1977	
21 Suite, Apt. #, etc.	22 City & State	25 Country	26 Suite, Apt. #, etc.	27 City & State	28 Country
23 Zip	24 Country	29 Zip	30 Country	4. FEI Number 59-1773381	Applied For <input type="checkbox"/> Not Applicable
9. Name and Address of Current Registered Agent KIRTLEY, WILLIAM T., PA 702 SARASOTA QUAY SARASOTA FL 34236				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 34236
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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KASHNER, VICTOR L.		1.2 NAME	
STREET ADDRESS 77 S. PALM AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		1.4 CITY-ST-ZIP	34236
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEYSER, ROBERT C		2.2 NAME	
STREET ADDRESS 77 S. PALM AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA, F 00000		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME MEISTER, MATTHEW	
STREET ADDRESS		3.3 STREET ADDRESS 77 S PALM AVE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP SARASOTA FL 34236	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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.

SIGNATURE _____ *ulaloo* 4/14/98 2626

CR2E034 (10/97)