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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 4:26

DOCUMENT # **559112** **(8)**

1. Corporation Name
WERBEL - ROTH SECURITIES, INC.

Principal Place of Business	Mailing Address
5560 W OAKLAND PARK BLVD FT LAUDERDALE FL 33313-1412	5560 W OAKLAND PARK BLVD FT LAUDERDALE FL 33313-1412

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/07/1978
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business	2a. Mailing Address
21 150 E. Palmetto Park Rd	26 150 E. Palmetto Park Rd
Suite, Apt. #, etc. 22 Suite 380	Suite, Apt. #, etc. 27 Suite 380
City & State 23 Boca Raton FL	City & State 28 Boca Raton, FL
Zip / Country 24 33432 / 25 USA	Zip / Country 29 33432 / 30 USA

4. FEI Number: 59-1799760 ☐ 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 Added to Fees

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

9. Name and Address of Current Registered Agent

PEARLMAN, CHARLES B
700 S E THIRD AVE
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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
(Signature, type or print 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	SV	1.1 TITLE		☐ Change ☐ Addition
NAME	FEIRSTEIN, LAURENCE	1.2 NAME		
STREET ADDRESS	6536 VIA REGINA	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	ROTH, HOWARD H	2.2 NAME		
STREET ADDRESS	17783 LAKE ESTATES DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Howard Roth 1/31/95 (407)391-2460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0222369 CP