

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

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 694937 (4)
1. Corporation Name
CORPORATE SECURITIES GROUP, INC.



Principal Place of Business: **980 NORTH FEDERAL HIGHWAY SUITE 110 BOCA RATON FL 33432**
Mailing Address: **980 NORTH FEDERAL HIGHWAY SUITE 110 BOCA RATON FL 33432**

3. Date Incorporated or Qualified: **07/16/1981**
3a. Date of Last Report: **09/13/1995**
4. FEI Number: **59-2617265**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 **300001829443**
-05/20/96--01048--017
84 City: *****208.75** 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0532 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 typed or printed name of registered agent and the official title. (In D.E. Registered Agent signature required when not on file)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LEEDS, MARSHALL	
STREET ADDRESS	980 N FEDERAL HWY., #210	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DORADO, COLETTE	
STREET ADDRESS	980 N FEDERAL HWY #210	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WAGNER, JOYCE	
STREET ADDRESS	980 N FEDERAL HWY #210	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GLASER, GREGG	
STREET ADDRESS	980 N FEDERAL HWY 210	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARKS, JOEL	
STREET ADDRESS	1117 PERIMETER CENTER W. #500E	
CITY-ST-ZIP	ATLANTA GA 30338	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERGUSON, DENNIS W	
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY, STE. 210	
CITY-ST-ZIP	BOCA RATON FL 33432	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VICE PRESIDENT'S DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 19.07(3)(k), 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: _____ **Gregg Glaser** April 29, 1996 (407) 338-2761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)