

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

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33432-2799
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3. Date Incorporated or Qualified 07/16/1981	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 59-2617265	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 _____ (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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEEDS, MARSHALL	1.2 NAME	VINCENT CHIERA
STREET ADDRESS	980 N FEDERAL HWY., #210	1.3 STREET ADDRESS	980 N FEDERAL HWY #210
CITY - ST - ZIP	BOCA RATON FL 33432	1.4 CITY - ST - ZIP	BOCA RATON FL
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORADO, COLETTE	2.2 NAME	
STREET ADDRESS	980 N FEDERAL HWY #210	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33432	2.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, JOYCE	3.2 NAME	
STREET ADDRESS	980 N FEDERAL HWY #210	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33432	3.4 CITY - ST - ZIP	
TITLE	VDT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASER, GREGG	4.2 NAME	
STREET ADDRESS	980 N FEDERAL HWY 210	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33432	4.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, JOEL	5.2 NAME	
STREET ADDRESS	1117 PERIMETER CENTER W. #500E	5.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA 30338	5.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, DENNIS W	6.2 NAME	
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY, STE. 210	6.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33432	6.4 CITY - ST - ZIP	

14. I do 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: *Joyce Wagner*
 SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

Date _____ Chapter of Filings # _____

CR2E034 (9/96)