

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1981
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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
 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: _____
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<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	VS	<input type="checkbox"/> DELETE
NAME	WAGNER, JOYCE	
STREET ADDRESS	980 N FEDERAL HWY #210	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	GLASER, GREGG	
STREET ADDRESS	980 N FEDERAL HWY 210	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARKS, JOEL	
STREET ADDRESS	1117 PERIMETER CENTER W. #500E	
CITY-ST-ZIP	ATLANTA GA 30338	
TITLE	VD	<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	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: _____

CR2E034 (5/98)