
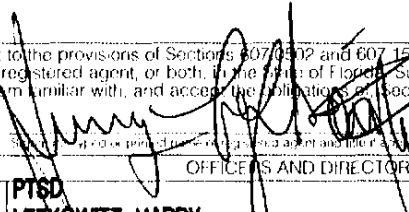
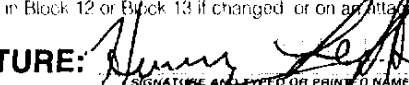


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 846202 (0)					
1. Corporation Name HMS SECURITIES INC.					
Principal Place of Business 180 SUMMIT AVE MONTVALE NJ 07645 US			Mailing Address 180 SUMMIT AVE MONTVALE NJ 07645-1721 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/11/1980	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 06/25/1996	
22 City & State		27 City & State		4. FEI Number 22-1935939	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
85 FL			85 Zip Code		
11. Pursuant to the provisions of Sections 607.0802 and 607.1506, 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, am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE:  HARRY LEFKOWITZ 1/17/97					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP					
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP					
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP					
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP					
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP					
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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9.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP					
10.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP					
13.1 TITLE NAME STREET ADDRESS 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 and dated 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:  HARRY LEFKOWITZ 1/17/97					



CR2E034 (9/96)