

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

DOCUMENT # **F35266** (8)

1. Corporation Name
EXECUTIVE SECURITIES, INC.



Principal Place of Business: 1800 SECOND STREET SUITE 760 SARASOTA FL 34236 US
Mailing Address: 1800 SECOND STREET SUITE 760 SARASOTA FL 34236 US

3. Date Incorporated or Qualified: 06/01/1981
3a. Date of Last Report: 03/20/1995

21. Principal Place of Business 2323 Stickney Pt. Rd. Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	4. FEI Number 59-2087068	Applied For Not Applicable
22. City & State Sarasota, FL	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip 34231	28. Country US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 34231	25. Country US	29. Zip	30. Country

9. Name and Address of Current Registered Agent DELLA PENNA, GUY S 1800 SECOND STREET SUITE 884 SARASOTA FL 34236	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1800 Second St. 83 Suite 760 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0507 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	NAME: DELLA PENNA, GUY S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 141 OGDEN ST.	CITY- ST- ZIP: SARASOTA FL	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE: D	NAME: WINDOM, ROBERT D	1.4 CITY- ST- ZIP	
STREET ADDRESS: 1562 SOUTH DRIVE	CITY- ST- ZIP: SARASOTA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE: TV	NAME: SCOTT, FULTON F	2.3 STREET ADDRESS	
STREET ADDRESS: 1800 SECOND ST., STE. 760	CITY- ST- ZIP: SARASOTA FL	2.4 CITY- ST- ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VS	NAME: GILMORE, BONNIE S.	3.2 NAME	
STREET ADDRESS: 6432 26TH ST. WEST	CITY- ST- ZIP: BRADENTON FL	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY- ST- ZIP	
TITLE: CO	NAME: RESSLER, SANDER	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5837 RAVENWOOD DRIVE	CITY- ST- ZIP: SARASOTA FL	4.2 NAME	
	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE:	NAME:	4.4 CITY- ST- ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
TITLE:	NAME:	5.4 CITY- ST- ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
TITLE:	NAME:	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)(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, unchanged, or on an attachment with an address.

SIGNATURE: X *[Signature]* 2/13/96 941-365-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)