

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 # **F71968** (4)

1. Corporation Name

**CITIZENS FINANCIAL SECURITIES CORPORATION**



Principal Place of Business

Mailing Address

% CORPORATE ACCOUNTING  
1100 W. MCNAB ROAD  
FT. LAUDERDALE FL 33309

% CORPORATE ACCOUNTING  
1100 W. MCNAB ROAD  
FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified  
**03/12/1982**

3a. Date of Last Report  
**03/31/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Attn: Madeline Domino

22 City & State

27 Suite, Apt. #, etc.

27 400 N. Ashley Dr.

23 Zip

Country

28 Tampa, FL

28 City & State

24 Zip

Country

29 33602-1234

29 Zip

30 Country

4. FEI Number

**59-2169969**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMNER, ALFRED R.  
1221 BRICKELL AVENUE (25TH FLOOR)  
MIAMI FL 33131**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **CHRISTENSEN, THOMAS A.**  
STREET ADDRESS **1100 W MCNAB ROAD**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

1.1 TITLE **D/P** ☐ Change ☒ Addition  
1.2 NAME **Sink, Adelaide A.**  
1.3 STREET ADDRESS **400 N Ashley Dr**  
1.4 CITY-ST-ZIP **Tampa, FL 33602-4300**

TITLE **D** ☒ DELETE  
NAME **HOLTHAUS, DENNIS B.**  
STREET ADDRESS **1100 W MCNAB RD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

2.1 TITLE **D/V** ☐ Change ☒ Addition  
2.2 NAME **Mallard, Larry W.**  
2.3 STREET ADDRESS **400 N Ashley Dr**  
2.4 CITY-ST-ZIP **Tampa, FL 33602-4300**

TITLE **DS** ☒ DELETE  
NAME **CUCCIA, JOHN**  
STREET ADDRESS **700 EAST FRANKLIN STREET**  
CITY-ST-ZIP **RICHMOND VA**

3.1 TITLE **D/V** ☐ Change ☒ Addition  
3.2 NAME **Lowman, Rita J.**  
3.3 STREET ADDRESS **100 N Tampa St**  
3.4 CITY-ST-ZIP **Tampa, FL 33602-5126**

TITLE **D** ☒ DELETE  
NAME **TRILLING, MORTON**  
STREET ADDRESS **1100 W MCNAB ROAD**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

4.1 TITLE **V** ☐ Change ☒ Addition  
4.2 NAME **Bailey, James T.**  
4.3 STREET ADDRESS **1100 W. McNab Rd**  
4.4 CITY-ST-ZIP **Fort Lauderdale, FL 33309**

TITLE **PTD** ☒ DELETE  
NAME **WILDE, ARTHUR H**  
STREET ADDRESS **411 E. MONROE**  
CITY-ST-ZIP **SPRINGFIELD IL**

5.1 TITLE **V** ☐ Change ☒ Addition  
5.2 NAME **Mulcahy, Michael J.**  
5.3 STREET ADDRESS **600 Peachtree St NE**  
5.4 CITY-ST-ZIP **Atlanta, GA 30308-2214**

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **V** ☐ Change ☒ Addition  
6.2 NAME **Newman, Susan Mays**  
6.3 STREET ADDRESS **101 S Tryon St**  
6.4 CITY-ST-ZIP **Charlotte, NC 28255-0001**

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 if changed, or on an attachment with an address.

SIGNATURE:

*James T. Bailey Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James T. Bailey Sr. V.P.

February 16, 1996

(954) 979-6600

CR2E034 (12/95)