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FILED
May 14 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 # **F71968** (4)
1. Corporation Name
CITIZENS FINANCIAL SECURITIES CORPORATION



Principal Place of Business
**% CORPORATE ACCOUNTING
1100 W. MCNAB ROAD
FT. LAUDERDALE FL 33309**

Mailing Address
**401 N TRYON ST
NC1-021-03-09, %CORPORATE TAX
CHARLOTTE NC 28255
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1982

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. **401 N TRYON ST NC1-021-03-09
CHARLOTTE NC 28255**

2a. Mailing Address

Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	LOWMAN, RITA J	401 N TRYON ST, %CORPORATE TAX	CHARLOTTE NC	<input type="checkbox"/>
DV	MALLARD, LARRY W	400 N ASHLEY DR	TAMPA FL	<input type="checkbox"/>
DV	LONK, ADELAIDE A.	400 N ASHLEY DR	TAMPA FL	<input checked="" type="checkbox"/>
V	BAILEY, JAMES T.	1100 N MCNAB RD	FT. LAUDERDALE FL	<input checked="" type="checkbox"/>
V	MULCAHY, MICHAEL J.	800 PEACHTREE STREET, NE	ATLANTA GA	<input checked="" type="checkbox"/>
V	NEWMAN, SUSAN MAYS	101 S TRYON ST	CHARLOTTE NC	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

CR2E034 (10/97)