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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

F9300001287 (2)

	Name ILAS JAMES SECURITIES, I		,				
Principal Place of Business Mis  1234 WASHINGTON AVENUE  STE 200  MIAMI FL 33139		Mailing Address P.O. BOX 22864 TAMPA FL 33622-296 US	P.O. BOX 22864 TAMPA FL 33622-2964				
US		¥-			3. Date Incorporated or Qualified 03/05/1993	3a. Date of Last F 04/14/1	1995 1995
2. Principal Place of Business     2a.       1     26		2a. Mailing Address 26	Mailing Address		4. FEI Number 51-0337660		Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	K/I	5 Additional Required
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip Country 4 25		Zip 29	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Current	Registered Agent		T 51	10. Name and Address of New	Registered Agent	
RERKM	IAN, BRENT D		81				
	FAIRMEADOW DR.		82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)	
TAMPA	FL 33647		83				
			84	City		<b> 85</b> Z	no Code
						FL	
or registere familiar with SIGNATURE	of the provisions of Sections 607.0502 id agent, or both, in the State of Florid n, and accept the obligations of Sections.	la: Such change was authoriz nn 607.0505, Florida Statutes	ed by the corp	ioration's boar	d of directors. Thereby accept the ap	pointment as registere	d agent. Lan
12.	Squature, typed or printes; name of registered agency OFFICERS AND		ils Registores Ages	d Sylvial de l'edicate.	ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT	ORS IN 12
TITLE	PDS	☐ DELETE	1 1 TITLE			☐ Change	
NAME	JAMES, CRAID D		1.2 NAME				
STREET ADDRESS	174 SOUTH COLLIER BLVD.	,	13 STREET	ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL 33937	The second secon	1.4 CHY - 9	ST - ZIF	,	·	
TITLE	JAMES, PATRICIA D	☐ DELETE	2 1 TITLE			Change	☐ Addition
NAME	AAA NI CADITOL OT NIM!		2.2 NAME	İ			
STREET ADDRESS	WASHINGTON DC		23 STREET	TADDRESS 14	31 Highland Driv	e	
CITY - ST - ZIP	CD	□ DECETE	24 CHY-S	si-Zif	lver Spring, Mary	land2	0910
TITLE	JAMES, CLARENCE L JR	☐ DELETE	3 1 Title		- -	<b>K</b> 1 cuands	
NAME STREET ADDRESS	444 N. CAPITOL ST. N.W.		3.2 NAME	LADDOCCO .	(O) M Oharri 1977	#700	
CITY-ST-ZIP	Washington D.		34 GiTY - S		501 M Street NW	#700	
TITLE		DELETE	4 1 TILE	Y S	shington, D.C.	20005	Addition
NAME			4.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-7IP			4.4 CITY - S				
TITLE		DELETE	5 1 10 LE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ADDRESS			
CITY - ST - ZIP			5 4 Cl`Y - 9	51-718			
TITLE		DELETE	6 1 little			Change	Add-tion
NAME			6.2 NAME				
NAME STREET ADDRESS			6.2 NAME 6.3 STHEE	T AUDRESS			

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 affactiment with an address.

SIGNATURE: Brent D. Berkman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (813) 632-8852