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

FILED
Feb 20, 1996 08:00 AM
Secretary of State

DOCUMENT # **F93000002283 (0)**

1. Corporation Name

VESTAX SECURITIES CORPORATION

Principal Place of Business	Mailing Address
1931 GEORGETOWN ROAD HUDSON OH 44236	1931 GEORGETOWN ROAD HUDSON OH 44236

3. Date Incorporated or Qualified	3a. Date of Last Report
05/12/1993	03/14/1995

4. FEI Number	Applied For
34-1348311	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

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

INGHAM, KENNETH G
1570 MADRUGA AVE., SUITE 400
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name **William Stetson**
82 Street Address (P.O. Box Number is Not Acceptable) **12515 North Kendall Dr., Suite 310**
83
84 City **Miami** **FL** 85 Zip Code **33186**

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 _____ **William Stetson** _____ DATE 2/9/96
Signature (typed or printed name of registered agent and title if applicable)   (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **C** ☐ DELETE		1 1 TITLE	☐ Change ☐ Addition
NAME **ROTH, R. LAWRENCE**		1 2 NAME	
STREET ADDRESS **1931 GEORGETOWN ROAD**		1 3 STREET ADDRESS	
CITY-ST-ZIP **HUDSON OH 44236**		1 4 CITY-ST-ZIP	
TITLE **DPST** ☐ DELETE		2 1 TITLE	☐ Change ☐ Addition
NAME **CONLEY, R. JACK**		2 2 NAME	
STREET ADDRESS **1931 GEORGETOWN ROAD**		2 3 STREET ADDRESS	
CITY-ST-ZIP **HUDSON OH 44236**		2 4 CITY-ST-ZIP	
TITLE **V** ☐ DELETE		3 1 TITLE	☐ Change ☐ Addition
NAME **BETCHKAL, GREGORY**		3 2 NAME	
STREET ADDRESS **1931 GEORGETOWN RD**		3 3 STREET ADDRESS	
CITY-ST-ZIP **HUDSON OH**		3 4 CITY-ST-ZIP	
TITLE **V** ☒ DELETE		4 1 TITLE	☐ Change ☐ Addition
NAME **MCFARLAND, MICHAEL**		4 2 NAME	
STREET ADDRESS **1931 GEORGETOWN ROAD**		4 3 STREET ADDRESS	
CITY-ST-ZIP **HUDSON OH**		4 4 CITY-ST-ZIP	
TITLE **V** ☐ DELETE		5 1 TITLE	☐ Change ☐ Addition
NAME **MITCHELL, ANTHONY W**		5 2 NAME	
STREET ADDRESS **1931 GEORGETOWN RD**		5 3 STREET ADDRESS	
CITY-ST-ZIP **HUDSON OH**		5 4 CITY-ST-ZIP	
TITLE **V** ☐ DELETE		6 1 TITLE	☐ Change ☐ Addition
NAME **BAUM, LUKE**		6 2 NAME	
STREET ADDRESS **1931 GEORGETOWN RD**		6 3 STREET ADDRESS	
CITY-ST-ZIP **HUDSON OH**		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 if changed, or on an attachment with an address.

SIGNATURE: _____ ANTHONY MITCHELL _____ 2/14/96 (216)650-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)