FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000002283 (0)

VESTAX SECURITIES CORPORATION

FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					-	SHII MAINI MANNA KIANA IKA	#L 1818# 1411 18#1
1831 GEORGETOWN ROAD 1831 GEORGETOWN ROAD HUDSON OH 44236 HUDSON OH 44236							
TIODOGN ON THESE					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 05/12/1993		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 26		26			34-1348311		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	T	75 Additional e Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	······································		Country		8. This corporation owes or has paid the current year Inlangible		
24	25 29 30		30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curren	10. Name and Address of New Ro	egistered Agent				
	ETSON, WILLIAM		81	Name			
12515 NORTH KENDALL DR.			82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)	
SUITE #310 MIAMI FL 33186			83			· · · · · · · · · · · · · · · · · · ·	
IVILE	WII FL 33100						
			84	Cily		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607,050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute	es, the above-	named corpo	oration submits this statement for the		ng its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a itions of, Section 607.0505, Fic	authorized by orida Statutes.	the corporation	on's board of directors. I hereby acce	pt the appointmen	it as registered
SIGNATURE							
Signature, typed or pristed name of requirers agest and life it applicable (NOTE: Reg				I signature require	d which reinstating)	DATE	7000 11/40
12.	· · · · · · · · · · · · · · · · · · ·		13.	1	ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	
TITLE NAME	ROTH, R. LAWRENCE		12 NAME			L., Olla	ide T vacaron
STREET ADDRESS	4004 OFODOTTOWN DOAD		13 STREET A	.nnpess			
CITY-ST-ZIP	HUDSON OH 44236		1.4 City-St				
TITLE	DPST	DELETE	21 TITLE			Char	nge Addition
NAME	CONLEY, R. JACK		2 2 NAME				
STREET ADDRESS	1931 GEORGETOWN ROAD		2.3 STREET ADDRESS				
CITY-ST-ZIP	HUDSON OH 44236			- ZIP			
TITLE	V ADITZED DAILED !!	V DELETE 311			-	☐ Char	nge 🔲 Addition
NAME	4004 OPODOFTOWN DD		3 2 NAME				
STREET ADDRESS	1931 GEORGETOWN RD		3.3 STREET A				
CITY-ST-ZIP	HUDSON OH	T DELETE	3 4. CITY - ST	- ZIP		Char	nge Addition
TITLE	·BAUER, STACY L	DELETE	4.1 TITLE			LI Ullar	vite □ γοσισσμ]
NAME CIDCET ADDRESS	1931 GEORGETOWN RD		4. 2 NAME 4.3 STREET A	DDDECC			
STREET ADDRESS CITY-ST-ZIP	HUDSON OH		4.3 STREET A	- 1			
TITLE	V	DELETE	5.1 TITLE	211		Char	nge Addition
NAME	BAUM, LUKE		5.2 NAME				•
STREET ADDRESS	1931 GEORGETOWN RD		5.3 STREET A	DORESS			
CITY-ST-ZIP	HUDSON OH		5.4 CITY-ST				
TITLE	V	DELETE	6.1 TITLE			Char	nge 🔲 Addition
NAME	HOOD, BRENDA L		6.2 NAME				
STREET ADDRESS			6.3 \$TREFT A	DDRESS			
			6.4 ITY-S1				
14. I hereby o	ertify that the information supplied wi	th this filing does not qualify fo	or the et empti	on stated in S	Section 119.07(3)(i), Florida Statutes.	I further certify that	t the information

Indicated on this annual report or supplies with this limit does not goally to the algorithm of the complete and accurate and the 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 in address.