FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000464 (7)**

1. Corporation Name
FIRST COLONIAL SECURITIES GROUP, INC.

Principal Place of Business	Mailing Address
10 LAKE CENTER EXECUTIVE PARK 401 NORTH ROUTE 73, STE. 100 MARITON NJ 08053	10 LAKE CENTER EXECUTIVE PARK 401 NORTH ROUTE 73, STE. 100 MARITON NJ 08053

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/31/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22: SUITE 101
Suite, Apt. #, etc. — 27
City & State — 23: MARLTON
City & State — 28
Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: 22-3069151 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLDEN, MICHAEL E
7301 A.W. PALMETTO PARK ROAD
FIRST NATIONAL BANK BLDG., STE. 103C
BOCA RATON FL 33433

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 _____ DATE
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	DPT	11 TITLE		☒ Change ☐ Addition
NAME	GOLDEN, MICHAEL E	12 NAME		
STREET ADDRESS	401 N. ROUTE 73, STE. 100, 10 LAKE CENTER	13 STREET ADDRESS	SUITE 101	
CITY-ST-ZIP	MARITON NJ 08053	14 CITY-ST-ZIP	MARLTON NJ	
TITLE	DV	21 TITLE		☒ Change ☐ Addition
NAME	HOFFMAN, DONALD	22 NAME		
STREET ADDRESS	401 N. ROUTE 73, STE. 100, 10 LAKE CENTER	23 STREET ADDRESS	SUITE 101	
CITY-ST-ZIP	MARITON NJ 08053	24 CITY-ST-ZIP	MARLTON NJ	
TITLE	DVS	31 TITLE		☒ Change ☐ Addition
NAME	SCHWARTZ, STEVEN D	32 NAME		
STREET ADDRESS	401 N. ROUTE 73, STE. 100, 10 LAKE CENTER	33 STREET ADDRESS	SUITE 101	
CITY-ST-ZIP	MARITON NJ 08053	34 CITY-ST-ZIP	MARLTON NJ	
TITLE	DV	41 TITLE		☒ Change ☐ Addition
NAME	MANILOFF, LEWIS	42 NAME		
STREET ADDRESS	401 N. ROUTE 73, STE. 100, 10 LAKE CENTER	43 STREET ADDRESS	SUITE 101	
CITY-ST-ZIP	MARITON NJ 08053	44 CITY-ST-ZIP	MARLTON NJ	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: _____ 4/28/95 401-576-2911
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0473810 FP