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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000000464 (7)

1. Corporation Name

FIRST COLONIAL SECURITIES GROUP, INC.



Principal Place of Business

Mailing Address

10 LAKE CENTER EXECUTIVE PARK  
SUITE 101  
MARLTON NJ 08053  
US

10 LAKE CENTER EXECUTIVE PARK  
401 NORTH ROUTE 73, STE. 100  
MARLTON NJ 08053

3. Date Incorporated or Qualified  
01/31/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 202

27 401 NORTH RTE. 73 STE 202

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name GOLDEN, MICHAEL E  
82 Street Address (P.O. Box Number is Not Acceptable)  
1499 W. PALMETTO ROAD  
83 SUITE 312  
84 City BOCA RATON FL 85 Zip Code 33486

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT  
NAME GOLDEN, MICHAEL E  
STREET ADDRESS 401 N. ROUTE 73, SUITE 101  
CITY-ST-ZIP MARLTON NJ

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 401 N. ROUTE 73, SUITE 202  
1.4 CITY-ST-ZIP

TITLE DV  
NAME HOFFMAN, DONALD  
STREET ADDRESS 401 N. ROUTE 73, SUITE 101  
CITY-ST-ZIP MARLTON NJ

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 401 N. ROUTE 73, SUITE 202  
2.4 CITY-ST-ZIP

TITLE DVS  
NAME SCHWARTZ, STEVEN D  
STREET ADDRESS 401 N. ROUTE 73, SUITE 101  
CITY-ST-ZIP MARLTON NJ

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 401 N. ROUTE 73, SUITE 202  
3.4 CITY-ST-ZIP

TITLE DV  
NAME MANIHOFF, LEWIS  
STREET ADDRESS 401 N. ROUTE 73, SUITE 101  
CITY-ST-ZIP MARLTON NJ

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 401 N. ROUTE 73, SUITE 202  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 register 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)