

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90086 042 ***150.00

0544589

DOCUMENT # F94000000464

1. Corporation Name

FIRST COLONIAL SECURITIES GROUP, INC.

Principal Place of Business

10 LAKE CENTER EXECUTIVE PARK
SUITE 202
MARLTON NJ 08053
US

Mailing Address

10 LAKE CENTER EXECUTIVE PARK
401 NORTH RTE 73 SUITE 202
MARLTON NJ 08053
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1994

4. FEI Number
22-2987002

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1499 W Palmetto Park Road

26 1499 W Palmetto Park Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 312

27 Suite 312

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, FL

Zip

Zip

24 33486

29 33486

Country

Country

25 US

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDEN, MICHAEL E
1499 W. PALMETTO ROAD
SUITE 312
BOCA RATON FL 33486

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

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 ☐ DELETE

NAME GOLDEN, MICHAEL E
STREET ADDRESS 401 N RTE 73 STE 202
CITY-ST-ZIP MARLTON NJ

1.1 TITLE ☐ Change ☐ Addition

TITLE VC ☐ DELETE

NAME SCHWARTZ, STEVEN D
STREET ADDRESS 401 N RTE 73 STE 202
CITY-ST-ZIP MARLTON NJ

1.2 NAME ☐ Change ☐ Addition

TITLE DV ☐ DELETE

NAME MANILOFF, LEWIS
STREET ADDRESS 401 NORTH RTE 73 SUITE 202
CITY-ST-ZIP MARLTON NJ

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

Date

362-4210

Daytime Phone #

CRZE034 (11/98)