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

PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT F95000002683 (9)

TRANSAMERICA SECURITIES SALES CORPORATION

Mailing Address
P.O. BOX 269 512598 LOS ANGELES CA 80051

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2a. Mailing Address

City & State

Suite, Apl. #, etc.

FILED Apr 27 1998 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

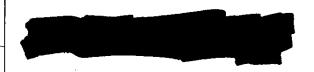
Fee Required

\$5.00 May Be

Not Applicable

04/26/1996

President



3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

06/02/1995

95-4044525

4. FEI Number

,3		28			Trust Fund Contribution LJ Added to Fees	
Z ip	Country	Zip	Cou	ntry	8. This corporation has liability for intangible tax under s. 199.032,	
4	25	29	30		Florida Statutes Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
	Corporation System			81 Name		
1200 SOUTH PINE ISLAND ROAD			ł	82 Street A	Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324				0.000	(
An .			ſ	83		
Augusta				84 City	led 2- 0-4	
				84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida	ove-named o	corporation submits this statement for the purpose of changing its registered		
office or registered agent, or both, in the State of Floridal 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 tife if applicable	(fiOTE Registered	Agent signature r	required when reinstating) DATE	
12.	OFFICERS AND	,	13.			
TITLE	PD	☐ DELET	E 1.1 Tit	'LE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
HAME	KELLEY, BARBARA A		1 2 NA	ME.		
STREET ADDRESS	1150 \$0 . OLIVE ST.		1.3 ŠT	REET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		1400	IY-ST-21P		
TITLE	V	DELET			Change Addition	
HAME	TRIVERS, DAN		2.2 NA	ME		
STREET ADDRESS	1150 SO. OLIVE ST.			REET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA			TY-ST-ZIP		
TITLE	V	DELET			Change Addition	
NAME	BAIR, NICKI		3.2 NA		!	
STREET ADDRESS	1150 SO. OLIVE ST.			REET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		1	TY-ST-ZIP		
TITLE	V	DELET			Change Addition	
NAME	SHAW, CHRISTOPHER		4.2 N/			
STREET ADDRESS	1150 SO. OLIVE ST.			REET ADDRESS		
CITY - ST - ZIP	LOS ANGELES CA			Y+ST+ZIP		
TITLE	T	DELET			Change Addition	
NAME	TANG, BEN	رے کردر ا	5.7 III		16.19	
STREET ADDRESS	1150 SO . OLIVE ST.			REET ADDRESS	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	LOS ANGELES CA				/// / 1/O T	
CITY-ST-ZIP TITLE	FOO MOLLEO OV	☐ DELET		Y-SI-Z.?	-B and a remain a remain and a remain a remain and a remain a remain and a remain a remain and a remain and a remain and a remain and a remain a remain and a remain and a remain a remain a remain a remain a remain and a remain a remai	
NAME						
			6.2 NA		-04/28/9801021017	
STREET ADDRESS			1	REET ADDRESS	***150.00	
CITY-ST-ZIP	y partiful that the information a realized	with this filipp doco not		Y-ST-ZIP	totad in Spokage 110 07/2W). Storing Statutos, Libertor contribution	
14. I do 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 eath 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.						

4/20/90