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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**DOCUMENT # F95000006212 (3)**

1. Corporation Name  
**BFG SECURITIES, INC.**



Principal Place of Business: **550 N. REO ST., STE. 300 TAMPA FL 33609-1013**  
Mailing Address: **550 N. REO ST., STE. 300 TAMPA FL 33609-1013**

3. Date Incorporated or Qualified: **12/20/1995**  
3a. Date of Last Report: [ ]  
4. FET Number: **33-0558189**  
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 has liability for intangible tax under s. 199.032 Florida Statutes: [ ] Yes [ ] No

2. Principal Place of Business: [21] Suite, Apt. #, etc.: [22] City & State: [23] Zip: [24] Country: [25]  
2a. Mailing Address: [26] Suite, Apt. #, etc.: [27] City & State: [28] Zip: [29] Country: [30]

9. Name and Address of Current Registered Agent  
**BARR, ALFRED**  
**550 N. REO ST., STE. 300**  
**TAMPA FL 33609-1013**

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 607.1506, 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 Signing Officer or Director: [ ] Date: [ ]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>CPS</b>	NAME: <b>BARR, ALFRED E</b>	1.1 TITLE: [ ]
STREET ADDRESS: <b>550 N. REO ST., STE. 300</b>	CITY-ST-ZIP: <b>TAMPA FL 33609-1013</b>	1.2 NAME: [ ]
TITLE: <b>T</b>	NAME: <b>BARR, VICTORIA</b>	1.3 STREET ADDRESS: [ ]
STREET ADDRESS: <b>550 N. REO ST., STE. 300</b>	CITY-ST-ZIP: <b>TAMPA FL 33609-1013</b>	1.4 CITY-ST-ZIP: [ ]
TITLE: [ ]	NAME: [ ]	2.1 TITLE: [ ]
STREET ADDRESS: [ ]	CITY-ST-ZIP: [ ]	2.2 NAME: [ ]
TITLE: [ ]	NAME: [ ]	2.3 STREET ADDRESS: [ ]
STREET ADDRESS: [ ]	CITY-ST-ZIP: [ ]	2.4 CITY-ST-ZIP: [ ]
TITLE: [ ]	NAME: [ ]	3.1 TITLE: [ ]
STREET ADDRESS: [ ]	CITY-ST-ZIP: [ ]	3.2 NAME: [ ]
TITLE: [ ]	NAME: [ ]	3.3 STREET ADDRESS: [ ]
STREET ADDRESS: [ ]	CITY-ST-ZIP: [ ]	3.4 CITY-ST-ZIP: [ ]
TITLE: [ ]	NAME: [ ]	4.1 TITLE: [ ]
STREET ADDRESS: [ ]	CITY-ST-ZIP: [ ]	4.2 NAME: [ ]
TITLE: [ ]	NAME: [ ]	4.3 STREET ADDRESS: [ ]
STREET ADDRESS: [ ]	CITY-ST-ZIP: [ ]	4.4 CITY-ST-ZIP: [ ]
TITLE: [ ]	NAME: [ ]	5.1 TITLE: [ ]
STREET ADDRESS: [ ]	CITY-ST-ZIP: [ ]	5.2 NAME: [ ]
TITLE: [ ]	NAME: [ ]	5.3 STREET ADDRESS: [ ]
STREET ADDRESS: [ ]	CITY-ST-ZIP: [ ]	5.4 CITY-ST-ZIP: [ ]
TITLE: [ ]	NAME: [ ]	6.1 TITLE: [ ]
STREET ADDRESS: [ ]	CITY-ST-ZIP: [ ]	6.2 NAME: [ ]
TITLE: [ ]	NAME: [ ]	6.3 STREET ADDRESS: [ ]
STREET ADDRESS: [ ]	CITY-ST-ZIP: [ ]	6.4 CITY-ST-ZIP: [ ]

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*8/29/96*

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: *Alfred E. Barr* - **ALFRED E. BARR** 7-30-96 813-287-5104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

CR2E034 (12/95)