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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

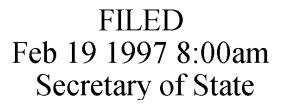
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600001189 (7)

PMG SECURITIES CORPORATION

Principal Place of Business 500 AUSTRALIAN AVE S. SUITE 300 Mailing Address

500 AUSTRALIAN AVE S.





SUITE 300 WEST PALM BEACH FL 33401			SUITE 300 WEST PALM BEACH FL 33401-8235				3. Date incorporated or Qualified	3a. Da	te of Last R	eport
		<u>.</u>					03/08/1996			
	lace of Business		Mailing Address				4. FEI Number			plied For
21		260/	20/0 Cumberland Licensing				13-3570621			t Applicable
Suite, Apt #, etc.							5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	a		City & State	_			6. Election Campaign Financing	_	\$5.00	May Be
23			Cumberla	nd, RI			Trust Fund Contribution	<u> </u>	Added t	
Zip Th	Country		Zip	<u> </u>	Country		8. This corporation has liability for			199.032,
4	25		02864	30		USA	Florida Statutes 10. Name and Address of New Re	Yes		
	9. Name and Address of Curr	· · · · · · · · · · · · · · · · · · ·	ered Agent		81	Name	10. Name and Address of New Ke	distated v	(gent	
	CORPORATE SERVICES, INC	,				101110				
	BO US HWY ONE, SUITE 300				62	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
NUF	RTH PALM BEACH FL 33408				83		· · · · · · · · · · · · · · · · · · ·			
								1		
					84	City		FI	85 Zip (Code
11. Pursuant	to the provisions of Sections 607 0	502 and 60	07.1508, Florida	Statutes, the	he above-r	named corp	poration submits this statement for the patients board of directors. I hereby acceptions	ourpose of	changing it	s registered
agent. La	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florid ligations of,	Bection 607.05	os, Florida	Statutes.	ue corpora	tion's board of directors, Frieleby accep	ot me appo	onument as	i e Ĉiatata O
SIGNATURE										
	Signature, typed or purited name of registered a					signatura requi	red when reinstating)	DATE	DIRECTOR	0.001.40
12.	OFFICERS A	AND DIREC	DELET		13.	······	ADDITIONS/CHANGES TO OFFIC	EHS AND	Change	S IN 12
1)TLE	HSU, JUSTIN				1.1 TITLE		•		L.J Change	L. Audillo
NAME	350 PARK AVE				1.2 NAME					
				1	1.3 STREET AD					
CITY-ST-ZIF_	NEW YORK NY 10022		Dele		1.4 City-St-				Change	Additio
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CITY-ST-ZIP TITLE NAME	NEW YORK NY 10022 STD HOCK, ROBERT		☐ DELET	TE TE	1.4 CITY-ST- 2.1 TITLE 2.2 NAME	ZIP			Change	Additio
CITY-ST-ZIP TITLE NAME STREET ADDRESS	NEW YORK NY 10022 STD HOCK, ROBERT 350 PARK AVE		☐ DELET	TE	1.4 City-St- 2.1 Title 2.2 Name 2.3 Street ac	ZIP		,, , , , , , , , , , , , , , , , , , ,	Change	Additio
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City-St-Zip Title NAME Street address City-St-Zip Title	NEW YORK NY 10022 STD HOCK, ROBERT 350 PARK AVE		☐ DELET	TE TE	1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET AL 2.4 CITY-ST- 3.1 TITLE	ZIP			Change	
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