

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000002914 (7)

1. Corporation Name
MULTI-BANK SECURITIES, INC.



Principal Place of Business: **28411 NORTHWESTERN HWY #1350 SOUTHFIELD MI 48034**
 Mailing Address: **28411 NORTHWESTERN HWY #1350 SOUTHFIELD MI 48034-5543**

3. Date Incorporated or Qualified: **06/11/1996**
 3a. Date of Last Report
 4. FEI Number: **38-2781895**
 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
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24 Country: 25
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

DREWS, MICHAEL W
2400 E. COMMERCIAL BLVD., #320
FT LAUDERDALE FL 33308

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 607.1508, 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DREWS, MARTIN R	
STREET ADDRESS	25239 HARCOURT	
CITY- ST- ZIP	FARMINGTON MI 48336	
TITLE	SDC	<input type="checkbox"/> DELETE
NAME	MACCAGNONE, DAVID T	
STREET ADDRESS	4043 EXETER C	
CITY- ST- ZIP	BOCA RATON FL 33434	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DREWS, MICHAEL W	
STREET ADDRESS	4043 EXETER C	
CITY- ST- ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SDC
2.3 STREET ADDRESS	MACCAGNONE, DAVID T
2.4 CITY- ST- ZIP	2701 YACHT CLUB C-4 FORT LAUDERDALE FL 33305
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	DREWS, MICHAEL W
3.4 CITY- ST- ZIP	2701 YACHT CLUB C-4 FORT LAUDERDALE FL 33305
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 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: *David T Maccagnone* **4-30-97** **810-351-5800**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)