

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

FILED

Jul 10 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 # F96000003378 (4)

1. Corporation Name

CHANDLER ALLEN REEVES SECURITIES, INC.

Principal Place of Business

1815 NO. SURF ROAD SUITE 501
HOLLYWOOD FL 33019

Mailing Address

1815 NO. SURF ROAD SUITE 501
HOLLYWOOD FL 33019-3402

2. Principal Place of Business

21 2800 No. Surf Road

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Hollywood, FL

Zip

24 33019

Country

25 USA

2a. Mailing Address

26 P.O. Box 218

Suite, Apt. #, etc.

27

City & State

28 Dania FL

Zip

29 33004

Country

30 USA

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

3. Date Incorporated or Qualified

07/03/1996

3a. Date of Last Report

4. FEI Number

APPLIED FOR 65-0737652

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME CALABRIA, DEBRA L
STREET ADDRESS 13469 WILLIAM MEYER COURT
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ DELETE

NAME REEVES, GLORIA B
STREET ADDRESS 520 ORCHARD ROAD
CITY-ST-ZIP HUDSON NY 12534

TITLE ☐ DELETE

NAME REEVES, ALFRED
STREET ADDRESS 1815 NO. SURF ROAD SUITE 501
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☒ DELETE

NAME CALABRIA, JOHN
STREET ADDRESS 13469 WILLIAM MEYER COURT
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ DELETE

NAME Director & President Gloria Briggs Reeves
STREET ADDRESS Box 232 Station Rd
CITY-ST-ZIP Claverack NY 12513

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME Director
STREET ADDRESS Dana L. Reeves
CITY-ST-ZIP 311 Hollywood Ave
Hoboken, NJ 07423

2.1 TITLE ☒ Change ☐ Addition

NAME Director & President
STREET ADDRESS Gloria Briggs Reeves
CITY-ST-ZIP Box 232 Station Rd
Claverack NY 12513

3.1 TITLE ☒ Change ☐ Addition

NAME Director & Secy/Treasurer
STREET ADDRESS 2800 No. Surf Rd. Ste 301
CITY-ST-ZIP Hollywood FL 33019

4.1 TITLE ☐ Change ☐ Addition

NAME 8000002235538
STREET ADDRESS -07/11/97--01004--001
CITY-ST-ZIP ***61.25

5.1 TITLE ☒ Change ☐ Addition

NAME Gloria J. Briggs
STREET ADDRESS 2800 No. Surf Rd Ste 301
CITY-ST-ZIP Hollywood FL 33019

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

Alfred Reeves 4-16-97 954-929-1581

CR2E034 (9/96)