

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000000288 (7)

1. Corporation Name

FIDELITY FEDERAL BROKERAGE CORP.

Principal Place of Business

550 PINETOWN RD., STE 400
FT WASHINGTON PA 19034

Mailing Address

550 PINETOWN RD., STE 400
FT WASHINGTON PA 19034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1997

4. FEI Number

23-2127413

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 100 Metro Park South

Suite, Apt. #, etc.

2a. Mailing Address

26 100 Metro Park South

Suite, Apt. #, etc.

City & State

23 Lawrence Harbor, NJ

Zip

Country

24 08878

25 USA

City & State

27 Lawrence Harbor, NJ

Zip

Country

29 08878

30

9. Name and Address of Current Registered Agent

ZIPPER, BRUCE
15002 S.W. 149TH ST.
MIAMI FL 33196

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 PD ☒ DELETE

NAME LAESSIG, THOMAS J
STREET ADDRESS 550 PINETOWN RD, STE 400
CITY-ST-ZIP FT WASHINGTON PA

TITLE VD ☐ DELETE

NAME GAVORNIK, ALAN F
STREET ADDRESS 550 PINETOWN RD, STE 400
CITY-ST-ZIP FT WASHINGTON PA

TITLE ST ☒ DELETE

NAME LASALLE, JAMES J
STREET ADDRESS 550 PINETOWN RD, STE 400
CITY-ST-ZIP FT WASHINGTON PA

TITLE VD ☐ DELETE

NAME MARINIello, NICHOLAS
STREET ADDRESS 550 PINETOWN RD, STE 400
CITY-ST-ZIP FT WASHINGTON PA

TITLE CD ☒ DELETE

NAME LAESSIG, RONALD W
STREET ADDRESS 550 PINETOWN RD, STE 400
CITY-ST-ZIP FT WASHINGTON PA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE PD ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE VD ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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

SIGNATURE

ALAN GAVORNIK 9/24/98 732-335-0800

CR2E034 (5/98)