


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90098 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000001312					
1. Corporation Name EISNER SECURITIES, INC.					
Principal Place of Business 8229 CLAYTON RD., STE. 202 SUITE 204 ST. LOUIS MO 63117 US			Mailing Address 8229 CLAYTON RD., STE. 202 SUITE 204 ST. LOUIS MO 63117 US		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7435 Watson Rd Suite, Apt. #, etc. 22 Suite 88 City & State 23 St. Louis MO Zip 24 63119 Country 25 USA		2a. Mailing Address 26 7435 Watson Rd Suite, Apt. #, etc. 27 Suite 88 City & State 28 St. Louis MO Zip 29 63119 Country 30 USA		3. Date Incorporated or Qualified 03/14/1997	
		4. FEI Number 74-2771121		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent VAISELBERG, NEIL 2699 COLLINS AVE. SUITE 125 MIAMI BEACH FL 33140				10. Name and Address of New Registered Agent 81 Name Nick Schaeferle 82 Street Address (P.O. Box Number is Not Acceptable) 301 Clematis 83 Suite 202 84 City West Palm Beach FL 85 Zip Code 33401			
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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 Leo N. Schaeferle (NOTE: Registered Agent signature required when reinstating) DATE 4/14/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISNER, NEIL A	1.2 NAME	Eisner, Neil A
STREET ADDRESS	40 PASCAL LANE	1.3 STREET ADDRESS	27 Clairmont
CITY-ST-ZIP	AUSTIN TX 78746	1.4 CITY-ST-ZIP	St. Louis, MO 63124
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISNER, TEITSA	2.2 NAME	Eisner, Teitsa
STREET ADDRESS	40 PASCAL LANE	2.3 STREET ADDRESS	27 Clairmont
CITY-ST-ZIP	AUSTIN TX 78746	2.4 CITY-ST-ZIP	St. Louis, MO 63124
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OAKES, BRUCE D	3.2 NAME	
STREET ADDRESS	1046 WROUGHT IRON	3.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER MO 63011	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE: Leo N. Schaeferle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)