

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90067 011 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F97000003827**

1. Corporation Name  
**SURETRADE INC.**

Principal Place of Business  
 40 RECTOR ST., 11TH FLOOR  
 NEW YORK NY 10006

Mailing Address  
 40 RECTOR ST., 11TH FLOOR  
 NEW YORK NY 10006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/22/1997**

2. Principal Place of Business  
**21 670 Washington Highway**  
 Suite, Apt. #, etc.

2a. Mailing Address  
**26 670 Washington Highway**  
 Suite, Apt. #, etc.

4. FEI Number  
**13-3950822**

Applied For  
 Not Applicable

22. City & State  
**23 Lincoln, Rhode Island**

27. City & State  
**28 Lincoln, Rhode Island**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip Country  
**02865 USA**

29. Zip Country  
**02865 USA**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUICK, THOMAS C	1.2 NAME	
STREET ADDRESS	40 RECTOR ST., 11TH FLOOR	1.3 STREET ADDRESS	670 Washinton Highway
CITY-ST-ZIP	NEW YORK NY 10006	1.4 CITY-ST-ZIP	Lincoln, Rhode Island 02865
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTANARO, DONATO	2.2 NAME	670 Washington Highway
STREET ADDRESS	40 RECTOR ST., 11TH FLOOR	2.3 STREET ADDRESS	Lincoln, Rhode Island 02865
CITY-ST-ZIP	NEW YORK NY 10006	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUICK, CHRISTOPHER C	3.2 NAME	670 Washington Highway
STREET ADDRESS	40 RECTOR ST., 11TH FLOOR	3.3 STREET ADDRESS	Lincoln, Rhode Island 02865
CITY-ST-ZIP	NEW YORK NY 10006	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUICK, PETER	4.2 NAME	
STREET ADDRESS	40 RECTOR ST., 11TH FLOOR	4.3 STREET ADDRESS	670 Washington Highway
CITY-ST-ZIP	NEW YORK NY 10006	4.4 CITY-ST-ZIP	Lincoln, Rhode Island 02865
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUICK, LESLIE C III	5.2 NAME	
STREET ADDRESS	40 RECTOR ST., 11TH FLOOR	5.3 STREET ADDRESS	670 Washington Highway
CITY-ST-ZIP	NEW YORK NY 10006	5.4 CITY-ST-ZIP	Lincoln, Rhode Island 02865
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCURIO, PASCAL	6.2 NAME	
STREET ADDRESS	40 RECTOR ST., 11TH FLOOR	6.3 STREET ADDRESS	670 Washington Highway
CITY-ST-ZIP	NEW YORK NY 10006	6.4 CITY-ST-ZIP	Lincoln, Rhode Island 02865

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:

*Thomas C Quick*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)