

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F97000006583**
1. Corporation Name
SELF TRADING SECURITIES, INC.

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90009 017 ***550.00



Principal Place of Business
**325 RANCH ROAD 620 SOUTH STE 201
AUSTIN TX 78734**

Mailing Address
**325 RANCH ROAD 620 SOUTH STE 201
AUSTIN TX 78734**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/12/1997

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
74-2740964

Applied For
☐ Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAGAN, STEVEN
10008 N DALE MABRY HWY STE 113
TAMPA FL 33618**

81 Name **Randy Geist**

82 Street Address (P.O. Box Number is Not Acceptable)
110 Clipper Lane

83 **Randy Geist**

84 City **Jupiter**

FL

85 Zip Code
33477

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

Randy Geist

(NOTE: Registered Agent signature required when reinstating)

DATE

8-25-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PST PEARSON, JOHN B**
STREET ADDRESS **RT BOX 31C**
CITY-ST-ZIP **BERTRAM TX**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **CD MCARDLE, JOHN**
STREET ADDRESS **3304 BARTON CREEK BLVD**
CITY-ST-ZIP **AUSTIN TX**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D MCARDLE, JAY**
STREET ADDRESS **9801 STONE LAKE BLVD #138**
CITY-ST-ZIP **AUSTIN TX**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ 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 or changed, or on an attachment with an address.

SIGNATURE:

Randy Geist

SIGNATURE REQUIRED

9-9-99 **512**
2632110

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CR2E034 (5/99)