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

SELF TRADING SECURITIES, INC.

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e of Business	Mailing Address	, ,
OAD 620 SOUTH STE 201	325 RANCH ROAD 620 SOUTH STE 201	,

FILED
Sep 16, 1999 8:00 am
Secretary of State
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[]							 Date Incorpora 12/12/1997 					
2 Principal P	Place of Business	2a. Mailir	ng Address				4. FEI Number				Applied 6	For
21		26	Ĭ				74-274096	4			Not Appl	icable
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22 -		27	1	-			5. Certificate of 5	ialus Desireu		Fe	Required	1
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Zip	Country	Zip		Cou	ntry	ĺ	8. This corporatio		ent year	٦٧	ш	
24	25	29		30			Intangible Pers 10. Name and Ad		L	Yes	∐ No	
	9. Name and Address of Cur	rrent Registered	Agent		81 Name				redista en	Agent		
RAC	gan, steven				- Nami	° Ra	ndy Gei	sT				
	008 N DALE MABRY HWY STE	E 113			82 Stree		(P.O. Box Numbe					
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					84 City	Tu	oiter	-	FL	85	Zip Code 3347	7
11. Pursuant	t to the provisions of sections 607.0	0502 and 607.1508	8. Florida Sta	tutes, the abo	ve-named	corporation	on submits this stat	ement for the pu	urpose of ch	anging i	s registere	d
nffice or	registered agent, or both, in the St am familiar with, and accept the ol	tate of Florida, Sur	ch change wa	as authorized	by the cor	rporation's	board of directors	. I hereby accer	ot the appoi	ntment a	s registere	₃d i
_	de land		01,001.0300,	ritylda Stat	utes.			8-	-25	5-9		
SIGNATURE	Signature typed or printed name of registered	17 2	5. ~ V			sture required	when reinstating)	8-	-25 DATE	5-5		
SIGNATURE	Signature typed or printed name of registered OFFICERS	17 2	2008			ature required	when reinstating) ADDITIONS/CH.		DATE		39	
SIGNATURE	Signature (year or printed name of fegislared OFFICERS	agent and title if applicat	2008	(NOTE: Register	ed Agent signs	sture required			DATE		CTORS IN	
SIGNATURE	Signature typed or printed name of registered OFFICERS	agent and title if applicat	s S	(NOTE: Register	ed Agent signs	ature required			DATE	ID DIRE	CTORS IN	- I 12
SIGNATURE 12. TITLE	Signature (year or printed name of fegislared OFFICERS	agent and title if applicat	s S	(NOTE: Register 13. 1.1 TIT 1.2 NA	ed Agent signs				DATE	ID DIRE	CTORS IN	- I 12
SIGNATURE 12. TITLE NAME	PST PEARSON, JOHN B RT BOX 31C BERTRAM TX	agent and title if applicat	s S	(NOTE: Register 13. 1.1 TIT 1.2 NA 1.3 STI	ed Agent signa LE ME				DATE	ID DIRE	CTORS IN	- I 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signatural Vision for printed name of fogistered OFFICERS PST PEARSON, JOHN B RT BOX 31C BERTRAM TX CD MCARDLE, JOHN 3304 BARTON CREEK BLVI AUSTIN TX D	agent and title if applicates AND DIRECTOR	S DELETE	(NOTE: Register 13. 1.1 TII 1.2 NA 1.3 STI 1.4 CP 2.1 TII 2.2 NA 2.3 STI 2.4 CP 3.1 TII	ed Agent signs LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	S		ANGES TO OF	DATE FICERS AN	ID DIRE	CTORS IN Agge A	I 12
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14. I hereby certify that the information supplied with this filling 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 of trustee emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or an an attachment with an address.

SIGNATURE:

9-9-99

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