


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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90009 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000000958					
1. Corporation Name FLEET SECURITIES, INC.					
Principal Place of Business 26 BROADWAY NEW YORK NY 10004			Mailing Address 26 BROADWAY NEW YORK NY 10004		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/19/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 13-2967453	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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	CD	<input type="checkbox"/> DELETE			
NAME	MERCURIO, PASCAL J				
STREET ADDRESS	26 BROADWAY				
CITY-ST-ZIP	NEW YORK NY				
TITLE	PTD	<input type="checkbox"/> DELETE			
NAME	QUICK III, LESLIE C				
STREET ADDRESS	26 BROADWAY				
CITY-ST-ZIP	NEW YORK NY				
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	QUICK, THOMAS C				
STREET ADDRESS	26 BROADWAY				
CITY-ST-ZIP	NEW YORK NY				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	O'HERN, MARY E				
STREET ADDRESS	26 BROADWAY				
CITY-ST-ZIP	NEW YORK NY				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	HIRSTREET, JOEL L				
STREET ADDRESS	26 BROADWAY				
CITY-ST-ZIP	NEW YORK NY				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	QUICK JR, LESLIE C				
STREET ADDRESS	26 BROADWAY				
CITY-ST-ZIP	NEW YORK NY				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)