**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9800000958 1. Corporation Name

FLEET SECURITIES, INC.

**FILED** Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90009 026 \*\*\*150.00



Principal Place of Business Mailing Address								Milit denia i Bido	
26 BROADWAY 26 BROA			BROADWAY	OADWAY					
NEW YORK NY 10004		NE	NEW YORK NY 10004				DO NOT WRITE IN THIS	SPACE	-
							3. Date Incorporated or Qualifed	7 51 702	
							02/19/1998		į.
2 Principal P	lace of Business	2a.	, Mailing Address				4. FEI Number	- Ar	pplied For
<del>-</del>	lace of Eddinoso	26	. mamig radioos				13-2967453	<u> </u>	ot Applicable
Suite, Apt,	# etc.	[20]	Suite, Apt. #, etc.					\$8.75	Additional
22	.,	27					5. Certifcate of Status Desired	Fee R	equired
City & State			City & State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Added	to Fees
Zip	Country		Zip	Coun	try				<u> </u>
24	25	29		30			Personal Property Tax.	∐ Yes	XNo
	9. Name and Address of Curre	nt Regis	tered Agent	<b></b> -↓,	<u> </u>		10. Name and Address of New Registered	Agent	
С.Т	CORDODATION SYSTEM			1	B1   Na	ıme			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				1	32 St	reet Addre	ess (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				L				<del></del>	
PD4	VIATION FL 33324			1,	B3				
				Ī	B4 Ci	ty	· ·	85 Zip	Code
				ــــــــــــــــــــــــــــــــــــــ			FI		
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florid	da. Such change was au	thorized l	by the (	med corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	intment as re	egistered
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	, ,						
SIGNATURE	Signature, typed or printed name of registered as	ent and title	if applicable. (NOTE: I	Registered A	gent sign:	ature required		19 - 1-1-	
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	CD		☐ DELETE	1.1 TTL	E		राज्य विकास करिया है।	Change	· / L) Addition
NAME	MERCURIO, PASCAL J			1.2 NAM	Œ				
STREET ADDRESS				1.3 STR	EET ADO	RESS			
CITY-ST-ZIP	NEW YORK NY				-ST-ZIP	-		☐ Change	Addition
TITLE	PTD		☐ DELETE	2.1 TITL					L Addition
NAME	QUICK III, LESLIE C			2.2 NAM					1
STREET ADDRESS	26 BROADWAY			2.3 STR	EET ADDI	RESS			
CITY-ST-ZIP	NEW YORK NY		Closus#5	_	Y-ST-ZIP			["] Change	Addition
TITLE	VSD		☐ DELETE	3.1 TITL		- 1		[] Change	
NAME <sup>3</sup>	QUICK, THOMAS C			3.2 NAM					
STREET ADDRESS	26 BROADWAY				EET ADDI				1
CITY-ST-ZIP	NEW YORK NY		☐ DELETE		Y-ST-ZIP	<del>'  -</del>		☐ Change	Addition
TITLE	AS MARK E		ר'ז מכרבוב	4.1 TITL				in Similar	
NAME	O'HERN, MARY E			4. 2 NAI					1
STREET ADDRESS					EET ADDI	TE33			
CITY-ST-ZIP	NEW YORK NY		☐ DELETE	51 TITL	/-ST-ZIP			☐ Change	☐ Addition
TITLE	V HIDSTREET INEL I		ריי מרדרור	5.2 NAN					-
NAME	HIRSTREET, JOEL L 26 BROADWAY			•	EET ADD	RESS			Į
STREET ADDRESS	NEW YORK NY			•	(-ST-ZIP				1
CITY-ST-ZIP TITLE	D D		☐ DELETE	6.1 TITL		-		Change	Addition
	QUICK JR, LESLIE C			6.2 NAM					ļ
NAME	26 BROADWAY				EET ADD	RESS			
STREET ADDRESS	NEW YORK NY				Y-ST-ZIP	-			
CITY-ST-ZIP						1			

NEW YORK NY 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: