

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 23 PM 3:00

DOCUMENT # G29403

(4)

1. Corporation Name

AMERITRUST SECURITIES, INC.

Principal Place of Business

**6915 RED ROAD SUITE 202
C/O CECILY SILBERMAN
CORAL GABLES FL 33143**

Mailing Address

**6915 RED ROAD SUITE 202
C/O CECILY SILBERMAN
CORAL GABLES FL 33143**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/23/1983	3a. Date of Last Report 02/25/1994
4. FEI Number 59-2260443	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under 15-1991(3)(2), Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SILBERMAN, CECILY
6915 RED ROAD, SUITE 202
CORAL GABLES FL 33143**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
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 607.0509, Florida Statutes.

SIGNATURE

Signature typewritten printed name of registered agent and the corporation

Signature typewritten printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SILBERMAN, CECILY
STREET ADDRESS	6915 RED ROAD
CITY, ST, ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE	☐ Change ☐ Addition
15. NAME	
16. STREET ADDRESS	
17. CITY, ST, ZIP	
18. TITLE	☐ Change ☐ Addition
19. NAME	
20. STREET ADDRESS	
21. CITY, ST, ZIP	
22. TITLE	☐ Change ☐ Addition
23. NAME	
24. STREET ADDRESS	
25. CITY, ST, ZIP	
26. TITLE	☐ Change ☐ Addition
27. NAME	
28. STREET ADDRESS	
29. CITY, ST, ZIP	
30. TITLE	☐ Change ☐ Addition
31. NAME	
32. STREET ADDRESS	
33. CITY, ST, ZIP	
34. TITLE	☐ Change ☐ Addition
35. NAME	
36. STREET ADDRESS	
37. CITY, ST, ZIP	
38. TITLE	☐ Change ☐ Addition
39. NAME	
40. STREET ADDRESS	
41. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01(2), 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 make this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attached report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cecily Silberman

2/10/95 305-668-9227