

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Aug 08 1996 8:00 am
Secretary of State

DOCUMENT # **G61354 (8)**

1. Corporation Name

~~FINANCIAL SERVICES MARKETING, INC.~~
~~ROYAL HUTTON SECURITIES CORP.~~



Principal Place of Business

1400 S. ORLANDO AVE
SUITE 204
WINTER PARK FL 32789
US

Mailing Address

1400 S. ORLANDO AVE
SUITE 204
WINTER PARK FL 32789
US

3. Date Incorporated or Qualified
09/26/1983

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2347550

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. This corporation has liability for intangible tax under s. 199.032, 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

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHOFIELD, JEFFREY M.
1400 S. ORLANDO AVE.
SUITE 204
WINTER PARK FL 32789

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, 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 or director

Name of Registered Agent by whom reported when becoming

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SCHOFIELD, JEFFREY M.	
STREET ADDRESS	1400 S. ORLANDO AVE., SUITE 204	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HILL, PEGGY J.	
STREET ADDRESS	1400 S. ORLANDO AVE., SUITE 204	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	SVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	CAVALLO, JOSEPH, A.	
23 STREET ADDRESS	17 BATTERY PLACE, SUITE 1431	
24 CITY-ST-ZIP	NEW YORK, NY 10004	
31 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	SCARSELLA, RICHARD, A.	
33 STREET ADDRESS	17 BATTERY PLACE, SUITE 1431	
34 CITY-ST-ZIP	NEW YORK, NY 10004	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. Cavallo Joseph A. Cavallo

8-296

(212) 480-5000

CR2E034 (12/95)