

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

**FILED**  
**Mar 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G61354 (8)**

1. Corporation Name  
**ROYAL HUTTON SECURITIES CORP.**



Principal Place of Business <b>1400 S. ORLANDO AVE                  SUITE 204                  WINTER PARK FL 32789                  US</b>	Mailing Address <b>1400 S. ORLANDO AVE                  SUITE 204                  WINTER PARK FL 32789-5594                  US</b>
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3. Date Incorporated or Qualified <b>09/26/1983</b>	3a. Date of Last Report <b>08/08/1996</b>
4. FEI Number <b>59-2347550</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name <b>RICHARD SCARSELLA</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1499 W PALMETTO PARK RD.</b>
83 <b>SUITE 200</b>
84 City <b>BOCA RATON</b>
85 Zip Code <b>FL 33486</b>

11. Pursuant to the provisions of Sections 607.0507 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: **JEFFREY M. SCHOFIELD** (Signature, typed or printed name of registered agent and title if applicable)  
 Signature of new registered agent: **Richard Scarsella** (NOTE: Registered agent signature required when resigning)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>RICHARD SCARSELLA</b>	
1.3 STREET ADDRESS	<b>1499 W. PALMETTO PARK RD. # 200</b>	
1.4 CITY-ST-ZIP	<b>BOCA RATON, FL. 33486</b>	
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		

14. I do 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.

SIGNATURE: **JEFFREY M. SCHOFIELD**

CR2E034 (9/96)