

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

FILED

Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G62725

(8)

1. Corporation Name  
A.F. BEST SECURITIES, INC.



Principal Place of Business

3111 UNIVERSITY DR.  
SUITE 625  
CORAL SPRINGS FL 33065

Mailing Address

3111 UNIVERSITY DR.  
SUITE 625  
CORAL SPRINGS FL 33065-1414

3. Date Incorporated or Qualified

09/20/1983

3a. Date of Last Report

02/01/1996

4. FEI Number

59-2325576

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

9. Name and Address of Current Registered Agent

NORTH FLORIDA REGISTERED AGENTS INC  
200 EAST LAS OLAS BLVD., SUITE 1900  
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 607.0502 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	V	DELETE
NAME	LEE, GAIL	
STREET ADDRESS	7220 WEST CYPRESS HEAD DRIVE	
CITY - ST - ZIP	PARKLAND FL	
TITLE	V	DELETE
NAME	SAMPSON, JAMES	
STREET ADDRESS	11 JESSUP ROAD	
CITY - ST - ZIP	WARWICK NY	
TITLE	V	DELETE
NAME	SCHWARTZ, STEPHEN R.	
STREET ADDRESS	5000 CLEVELAND ST.	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	VT	DELETE
NAME	ROSA, DENNIS J	
STREET ADDRESS	9740 NW 48TH DR	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	V	DELETE
NAME	TABATCHNICK, BRUCE J.	
STREET ADDRESS	4787 NW 67TH AVENUE	
CITY - ST - ZIP	LAUDERHILL FL 33319	
TITLE	V	DELETE
NAME	MOLINARI, JEFFREY T	
STREET ADDRESS	40 BROOKSIDE DRIVE	
CITY - ST - ZIP	PLANDOME NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCD	Change	Addition
1.2 NAME	APPELBAUM, ALAN Z.		
1.3 STREET ADDRESS	8195 NW 47 DRIVE, CORAL SPRINGS, FL		
1.4 CITY - ST - ZIP			
2.1 TITLE	VSD	Change	Addition
2.2 NAME	CLANCY, SEAN M.		
2.3 STREET ADDRESS	211 BALCROSS DRIVE		
2.4 CITY - ST - ZIP	BAL HARBOUR, FL		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis J Rosa 2/19/97 785-4944

CR2E034 (9/96)