


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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/20/1983		4. FEI Number 59-2325576		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$8.75 Additional Fee Required		8. \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PCD	NAME	APPLEBAUM, ALAN Z	1.1 TITLE	PCD	1.2 NAME	Appelbaum, Alan Z
STREET ADDRESS	8195 NW 47 DRIVE	CITY-ST-ZIP	CORAL SPRINGS FL	1.3 STREET ADDRESS	8195 NW 47 Drive	1.4 CITY-ST-ZIP	Coral Springs, FL
TITLE	VSD	NAME	CLANCY, SEAN M	2.1 TITLE		2.2 NAME	
STREET ADDRESS	211 BALCROSS DR	CITY-ST-ZIP	BAL HARBOUR FL	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	VT	NAME	ROSA, DENNIS J	3.1 TITLE		3.2 NAME	
STREET ADDRESS	9740 NW 48TH DR	CITY-ST-ZIP	CORAL SPRINGS FL	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	V	NAME	TABATCHNICK, BRUCE J.	4.1 TITLE		4.2 NAME	
STREET ADDRESS	4787 NW 67TH AVENUE	CITY-ST-ZIP	LAUDERHILL FL 33319	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE	V	NAME	MOLINARI, JEFFREY T	5.1 TITLE		5.2 NAME	
STREET ADDRESS	40 BROOKSIDE DRIVE	CITY-ST-ZIP	PLANDOME NY	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* **ROSA, DENNIS J.** 1/21/98 (954) 785-4944

CR2E034 (10/97)