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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G62725

A.F. BEST SECURITIES, INC.

Principal Place of Business	-
3111 UNIVERSITY DR.	

## **FILED** Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90079 003 \*\*\*150.00



Principal	1 Place of Business Mailing Address			-1	iller ein ehen einer er	C), 6(8), 3(6), 8(8), (88		
3111 UNIV	PERSITY DR.	DR. 3111 UNIVERSITY DR.			- I TERNITI RETA ZINIR UZUN TORIR DIRBU RINI BIRNI			
SUITE 625		SUITE 625			l			
CORAL SP	PRINGS FL 33065	CORAL SPRINGS FL 330	65					
					3. Date Incorporated or Qualifed	ITE IN THIS SPAC	<u> </u>	
2 Princip	pal Place of Business				09/20/1983			
	oal Flace of Business	2a. Mailing Address			4. FEI Number	,		
21 Suite	Apt. #, etc.	26		}	59-2325576		Applied For	
	Apr. #, etc.	Suite, Apt. #, etc.			39.2020076		Not Applicable	
22 City & 5	State	27		1	<ol><li>Certifcate of Status Desired</li></ol>		.75 Additional	
<b>⊢</b> ¬	State	City & State			O Floring		ee Required	
Zip		28			<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	□ \$ <b>!</b>	<b>5.00</b> мау Ве	
24	Country	Zip	Country			A	dded to Fees	
24	25	29	30		<ol><li>This corporation owes the curr Personal Property Tax.</li></ol>			
<del></del>	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	Ye	s	
N <sub>1</sub>	ORTH FLORIDA REGISTERED AGEI	ITO INO	81 N	lame	To: Hamb and Address of New A	egistered Agent	· · · · · · · · · · · · · · · · · · ·	
20	00 EAST LAS OLAS BLVD., SUITE	VIO INC	22 0		- <del></del>			
FI	T. LAUDERDALE FL 33301	900	82 S	treet Address	(P.O. Box Number is Not Accepta	ble)		
, ,	CHODENDALE PL 33307		83					
			84 C	ity		<b></b> 85	Zip Code	
11. Pursua	int to the provisions of Sections 607.0502 or registered agent, or both, in the State of I am familiar with, and accept the obligati	and 607.1508, Florida Statute	es the above no	mad				
agent.	or registered agent, or both, in the State of I am familiar with, and accept the obligation	of Florida. Such change was at	thorized by the	corporation's	board of directors. I hereby assent	urpose of changir	ng its registered	
SIGNATUR		ons or, Section 607.0505, Flor	ida Statutes.		accept	the appointment	as registered	
	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	B		<u> </u>			
12.	OFFICERS AND	DIRECTORS	Registered Agent signa	ature required whe		DATE	<del>_</del>	
TITLE	PCD ——	☐ DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12	
NAME	APPELBAUM, ALAN Z	- <u>-</u>		l		☐ Cha		
STREET ADDRES			1.2 NAME				i	
CITY-ST-ZIP	CORAL SPRINGS FL		1.3 STREET ADDR	ESS			{	
TITLE	VSD	☐ DELETE	1.4 CITY-ST-ZIP				J	
NAME	CLANCY, SEAN M	בן סכנגוב	2.1 TITLE	1	· · · · · · · · · · · · · · · · · · ·	☐ Char	nge Addition	
STREET ADDRESS			2.2 NAME	1.	•	_		
CITY-ST-ZIP	BAL HARBOUR FL		2.3 STREET ADDR	ESS			ſ	
TITLE	VT		2.4 CITY-ST-ZIP		<u></u>		}	
NAME	ROSA, DENNIS J	☐ DELETE	3.1 TITLE			☐ Chan	ge Addition	
STREET ADDRESS			3.2 NAME				a. Diagnion	
CITY-ST-ZIP	CORAL SPRINGS FL		3.3 STREET ADDRE	ss				
TITLE	V V		3.4. CITY-ST-ZIP					
NAME	TABATCHNICK, BRUCE J.	☐ DELETE	4.1 TITLE			Chang	ge Addition	
STREET ADDRESS	4787 NW 67TH AVENUE		4.2 NAME			C) ousil	e T Addition	
CITY-ST-ZIP	LAUDERHILL FL 33319		4.3 STREET ADDRES	ss				
TITLE	V		4.4 CITY-ST-ZIP	}			[	
NAME	MOLINARI, JEFFREY T	☐ DELETE	5.1 ΤΙΤ <b>LE</b>					
TREET ADDRESS	40 BROOKSIDE DRIVE	•	5.2 NAME	1		☐ Chang	le 🔯 Addition	
CITY-ST-ZIP			5.3 STREET ADDRES	ss			1	
TILE	PLANDOME NY		5.4 CITY-ST-ZIP	ĺ	•		1	
IAME		☐ DELETE	6.1 TITLE	<del> </del>				
ĺ			6.2 NAME			Change	Addition	
TREET ADDRESS			6.3 STREET ADDRES	s			Ì	
TY-ST-ZIP	Prify that the inferred		6.4 CITY-ST-ZIP	1			[	

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 effect 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, with all other like empowered.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR