

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

**FILED**  
**Mar 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G65886 (5)**  
 1. Corporation Name  
**REPUBLIC SECURITY FINANCIAL CORPORATION**



Principal Place of Business <b>4400 CONGRESS AVE. W. PALM BCH. FL 33402 US</b>	Mailing Address <b>P.O. BOX 4298 WEST PALM BEACH FL 33402-4298 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/21/1983</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2335075</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>FLETCHER, JOHN S                  5300 S.E. FINANCIAL CENTER                  200 S. BISCAYNE BLVD.                  MIAMI FL 33131-9339</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORE, H. GEARL</b>	1.2 NAME	
STREET ADDRESS	<b>610 XANADU PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDAHL, LENNART E., JR.</b>	2.2 NAME	
STREET ADDRESS	<b>944 MARLIN CR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPITZNAGEL, W.F.</b>	3.2 NAME	
STREET ADDRESS	<b>19500 LOXAHATCHEE RV RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CDP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUPP, R.E.</b>	4.2 NAME	
STREET ADDRESS	<b>706 XANADU</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RATHKE, RICHARD C.</b>	5.2 NAME	
STREET ADDRESS	<b>364 GOLFVIEW RD #201</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. PALM BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>CDV</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HASKINS, RICHARD J</b>	6.2 NAME	
STREET ADDRESS	<b>P.O. BOX 4298 N/A</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	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 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: \_\_\_\_\_

CR2E034 (10/97)



February 13, 1998

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please add the following names to Section 13.

D  
Apelian, George M  
2677 South Ocean Boulevard, Unit 4C  
Boca Raton, FL 33432

D  
McCarty, Mary A  
1104 Vista Del Mar Drive  
Delray Beach, FL 33483

D  
Carney, Thomas F  
10205 Collins Avenue #304  
Bal Harbour, FL 33154

D  
Owen, Carol O  
519 Palm Drive  
Hallandale, FL 33009

D  
Berliner, Paula  
252 Three Island Boulevard Apt #204  
Hallandale, FL 33009

D  
Cesarotti, Joseph D Sr  
7210 Gleneagle Drive  
Miami Lakes, FL 33014

D  
Fowler, Mary Anna  
1845 Royal Palm Way  
Boca Raton, FL 33432

D  
Hughes, Eugene W Jr  
2525 SE 9th Street  
Pompano Beach, FL 33062

D  
Langan, Thomas J Jr  
10539 Coralberry Way  
Boynton Beach, FL 33436