FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H48705** **(8)**

1. Corporation Name

SECURITIES CONSULTANTS, INC.

Principal Place of Business	Mailing Address
5301 N. FEDERAL HWY, STE 380 BOCA RATON FL 33487	5301 N. FEDERAL HWY, STE 380 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1985	3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2524967	☐ 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. The corporation has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

MUNGENAST, EDWARD C.
5301 N. FEDERAL HWY., STE 380
BOCA RATON FL 33487

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	V	☐ Change ☐ Addition
NAME	MUNGENAST, EDWARD C.	12 NAME	ZUM TOBEL, STEVEN	
STREET ADDRESS	5301 N FED. HWY, STE 380	13 STREET ADDRESS	1143 S.E. 2ND AVE.	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	VS	21 TITLE	V	☐ Change ☐ Addition
NAME	ARACRI, JENNIFER K.	22 NAME	RICCIARDELLI, GABRIEL	
STREET ADDRESS	5301 N FED. HWY, STE 380	23 STREET ADDRESS	3352 NW 95TH AVE	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MUNGENAST, JOHN	32 NAME		
STREET ADDRESS	2404 NATURES COURT	33 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MUNGENAST, JIM	42 NAME		
STREET ADDRESS	805 EMBARCADERO	43 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	HAMITER, JAMES	52 NAME		
STREET ADDRESS	RT6 BOX 100J	53 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDER CITY AL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SMITH, JERRY	62 NAME		
STREET ADDRESS	640 VALLEY VIEW RD	63 STREET ADDRESS		
CITY-ST-ZIP	INDIAN SPRINGS AL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 5/5/95 (407)994-4444
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0990307 CP