

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

24

25

Country

29

30

Zip

Country

3. Date Incorporated or Qualified

03/25/1985

3a. Date of Last Report

05/01/1995

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUNGENAST, EDWARD C.
10557 E. KEY DRIVE
BOCA RATON FL 33487**

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

TITLE **PD** ☐ DELETE
NAME **MUNGENAST, EDWARD C**
STREET ADDRESS **10557 E. KEY DRIVE**
CITY - ST - ZIP **BOCA RATON FL 33487**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **V** ☐ DELETE
NAME **ARACRI, JENNIFER**
STREET ADDRESS **152 SE 28TH CT.**
CITY - ST - ZIP **BOYNTON BEACH FL 33435**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **V** ☐ DELETE
NAME **ZUM TOBEL, STEVEN**
STREET ADDRESS **1143 SE 2ND AVE.**
CITY - ST - ZIP **DEERFIELD BEACH FL 33441**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **V** ☐ DELETE
NAME **RICCIARDELLI, GABRIEL**
STREET ADDRESS **5641 RIVERSIDE DR., STE. 204**
CITY - ST - ZIP **CORAL SPRINGS FL 33067**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **VP**
4.3 STREET ADDRESS **GABRIEL RICCIARDELLI**
4.4 CITY - ST - ZIP **5424 EAGLE CAY WAY**
COCONUT CREEK, FL 33073

TITLE **V** ☐ DELETE
NAME **MUNGENAST, MICHAEL**
STREET ADDRESS **2856-D REGAL CIRCLE**
CITY - ST - ZIP **BIRMINGHAM AL 35216**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D** ☒ DELETE
NAME **SMITH, JERRY**
STREET ADDRESS **640 VALLEY VIEW RD**
CITY - ST - ZIP **INDIAN SPRINGS AL**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

GABRIEL RICCIARDELLI 4/22/96 (407) 994-4444

Date

Daytime Phone #

CR2E034 (12/95)