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Mar 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H48705**
1. Corporation Name
SECURITIES CONSULTANTS, INC.

(8)



Principal Place of Business
**5301 N. FEDERAL HWY. STE 380
BOCA RATON FL 33487**

Mailing Address
**5301 N. FEDERAL HWY. STE 380
BOCA RATON FL 33487-4917**

3. Date Incorporated or Qualified 03/25/1985	3a. Date of Last Report 04/26/1996
4. FEI Number 59-2524967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

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	<input type="checkbox"/> DELETE
NAME	MUNGENAST, EDWARD C	
STREET ADDRESS	10557 E. KEY DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ARACRI, JENNIFER	
STREET ADDRESS	152 SE 28TH CT.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ZUM TOBEL, STEVEN	
STREET ADDRESS	1143 SE 2ND AVE.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RICCIARDELLI, GABRIEL	
STREET ADDRESS	5424 EAGLE CAT WAY	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MUNGENAST, MICHAEL	
STREET ADDRESS	2858-D REGAL CIRCLE	
CITY-ST-ZIP	BIRMINGHAM AL 35216	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

GABRIEL RICCIARDELLI

(561) 994-4444

CR2E034 (9/96)