SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

NAME

STREET ADDRESS

SIGNATURE:

J24728

(4)

PENSION INVESTORS SECURITIES CORP.

Principal Place of Business Mailing Address						l (69)ile Bitt 119t) fibit (66th ting) iffet frâtt mair aint aint aint aint aint aint aint aint			
	DESTINY ROAD. SUITE 200	1101 N LA MAITLAND	IKE DESTINY ROAD. S FL 32751	SUITE 20	o				
, , , , , , , , , , , , , , , , , , ,						3. Date incorporated or Qualified 07/11/1986	3a. Date of 05/01/		
A Principal Plac	co of Business	2a. Mailing A	Address			4. FEI Number		Applied For	
2. Fillicipal Flac	Principal Place of Business 1110 Douglas Avenue, #1002 26 1110 Douglas Av				, #1002	002 59-2691496 Not Applicable			
Suite, Apt. #.		Suite, Ap				E. Cartingto of Status Desired	1 1 7	3.75 Additional Fee Required	
	ite springs, ru 32	City & St		5-1		6, Election Campaign Financing	\$	5.00 May Be	
City & State	Caminala	28	Semi	nole		Trust Fund Contribution		Added to Fees	
23	Seminole Country	Zip		ountry		8. This corporation has liability for it	ntangible tax u	nders 199 032	
Zip		29	30	,		Florida Statutes	Yes 🔲 No)	
24	9. Name and Address of Curre			T		10. Name and Address of New Re	gistered Agen	t	
	9. Name and Address of Corre	ent registered rigo		81 1	Vame				
	rbes, fred A.			82 5			In V		
1180 SPRING CENTRE S BLVD #225A ALTAMONTE SPRINGS FL 32714					Street Addre 1110 D	dress (P.O. Box Number is Not Acceptable) Douglas Avenue, Suite 1002			
ALI	MUNIC SPRINGS PL SET 14	•		83	Altamo	nte Springs			
				84 (City	nce bpilings	85	Zip Code 32714	
				1 1	- /	ration submits this statement for the pun's board of directors. I hereby accept	FL		
office or re- agent. Fam	gistered agent, or both, in the Sta n tamiliar with, and accept the po- signature typed or prints rank of refusered a	igations of, Section	607.0505, Florida Sta	atutes	o co.po.a.o.	rbes, President	6/1	7/96	
12.	OFFICERS A	AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	CERS AND DIF	ECTORS IN 12	
TITLE	DC		DELETE 11	TITLE	ł		Ψ·Λ	Change Addition	
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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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address.

FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407/786-4411

Daytime Phone #