

FILED
Apr 29, 2004 8:00 am
Secretary of State

94071743

DOCUMENT # N97000005971

1. A.F. BEST SECURITIES FOUNDATION, INC.

1877 S. FEDERAL HWY.
SUITE 110
BOCA RATON, FL 33432 US

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SUITE 110
BOCA RATON, FL 33432 US

94071743

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0788762

Applied For
Not Applicable

5. Certificate of Status Desired

CR2E037 (10/03)

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATLAS, JAN D
ATLAS, PEARLMAN, TROP & BORKSON
200 EAST LAS OLAS BLVD., STE. 1900
FT. LAUDERDALE, FL 33301

ADORN D VOSS

350 EAST LAS OLAS BLVD #1700

FORT LAUDERDALE FL 33301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. PD
NAME APPELBAUM, ALAN Z
STREET ADDRESS 8195 NW 47TH DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33067

11. PD
NAME APPELBAUM, ALAN Z
STREET ADDRESS 250 S. OCEAN BLVD #15A
CITY-ST-ZIP BOCA RATON, FL 33432

VD
NAME ATLAS, JAN D
STREET ADDRESS 8830 S LAKE DASHA DR
CITY-ST-ZIP PLANTATION, FL 33324

VD
NAME ATLAS, JAN D % ADORN D VOSS
STREET ADDRESS 350 EAST LAS OLAS BLVD, #1700
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

T
NAME HIRSHBERG, EDWARD
STREET ADDRESS 2968 BIRKDALE
CITY-ST-ZIP WESTON, FL 33332

S
NAME GROSS, GINA
STREET ADDRESS 5800 HAMILTON WAY
CITY-ST-ZIP BOCA RATON, FL 33496

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: ALAN APPELBAUM 04-27-04 800-593-9167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #