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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006796

1. Corporation Name

**FLORIDA SECURITIES DEALERS ASSOCIATION EDUCATION
AL FOUNDATION, INC.**

Principal Place of Business
106 E COLLEGE AVE. 12TH FL
TALLAHASSEE FL 32301

Mailing Address
P O BOX 1877
TALLAHASSEE FL 32302-1877



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/02/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3548087

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOK, O'BANNON M
106 E COLLEGE AVE, 12TH FL
TALLAHASSEE FL 32301

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 617.0507 and 617.1508, 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 617.0503, 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
NAME SANDBERG, M H
STREET ADDRESS 208 N SPRINGS BLVD
CITY-ST-ZIP TARPON SPRINGS FL 34689

1.1 TITLE ED
1.2 NAME Cook, Mr. O'Bannon
1.3 STREET ADDRESS 106 E. College Ave., 12th Floor
1.4 CITY-ST-ZIP Tallahassee, FL 32301

TITLE SD
NAME GAGNE, KEVIN M
STREET ADDRESS 2170 W STATE RD 434, SUITE 124
CITY-ST-ZIP LONGWOOD FL 32779

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

TITLE TD
NAME FEDERER, IRA P
STREET ADDRESS 880 CARILLON PARKWAY
CITY-ST-ZIP ST PETERSBURG FL 33716

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

TITLE D
NAME PATTERSON, PAT
STREET ADDRESS 401 E JACKSON ST, SUITE 2900
CITY-ST-ZIP TAMPA FL 33602

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME BIGELOW, ALEX
STREET ADDRESS 525 S FLAGLER DRIVE, SUITE 100
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 850425-2686

DATE

Daytime Phone #

CR2E037 (1/198)