

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 07 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P07280 (1)**  
 1. Corporation Name  
**J.P. MORGAN SECURITIES INC.**

Principal Place of Business <b>60 WALL STREET NEW YORK NY 10260</b>	Mailing Address <b>60 WALL STREET NEW YORK NY 10260</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>09/03/1985</b>	
21		26		4. FEI Number <b>13-3224016</b>	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Country		Country		

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>C</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>CP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THEKE, STEPHEN G</b>		1.2 NAME	<b>Clayton S. Rose</b>	
STREET ADDRESS	<b>60 WALL STREET</b>		1.3 STREET ADDRESS	<b>60 Wall Street</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10260</b>		1.4 CITY-ST-ZIP	<b>New York, NY 10260</b>	
TITLE	<b>SMD</b>	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBBINS RACHEL F.</b>		2.2 NAME		
STREET ADDRESS	<b>60 WALL STREET</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY 10260</b>		2.4 CITY-ST-ZIP		
TITLE	<b>VC</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEOLIVEIRA, RAMON</b>		3.2 NAME		
STREET ADDRESS	<b>60 WALL STREET</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY 10260</b>		3.4 CITY-ST-ZIP		
TITLE	<b>VC</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<b>VCMD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROHATYN, NICOLAS S</b>		4.2 NAME		
STREET ADDRESS	<b>60 WALL STREET</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY 10260</b>		4.4 CITY-ST-ZIP		
TITLE	<b>PVC</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<b>MD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRUNZ, CHARLES M III</b>		5.2 NAME		
STREET ADDRESS	<b>60 WALL STREET</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY</b>		5.4 CITY-ST-ZIP		
TITLE	<b>VOMD</b>	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANCOCK, PETER D</b>		6.2 NAME		
STREET ADDRESS	<b>60 WALL STREET</b>		6.3 STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY 10260</b>		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rachel F. Robbins Rachel F. Robbins September 29, 1998

CR2E034 (5/98)