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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P27257** **(5)**

1. Corporation Name
FIN-ATLANTIC SECURITIES, INCORPORATED

Principal Place of Business	Mailing Address
1061 E INDIANTOWN RD STE 214 JUPITER FL 33477 US	1061 E INDIANTOWN RD STE 214 JUPITER FL 33477-5143 US

3. Date Incorporated or Qualified: **12/13/1989**
3a. Date of Last Report: **04/12/1996**

2. Principal Place of Business (21)
2a. Mailing Address (26)

Suite, Apt. # etc. (22): Suite 308
Suite, Apt. #, etc. (27): Suite 308

City & State (23)
City & State (28)

Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **52-1640696** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SURMAN, JERRY E
1061 E. INDIANTOWN ROAD
SUITE 214
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 308
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SURMAN, JERRY E		1.2 NAME	
STREET ADDRESS	1061 E INDIANTOWN RD STE 214		1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP	
TITLE	VD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JACKOB, WILLIAM J.		2.2 NAME	
STREET ADDRESS	945 E PACES FERRY RD NE #1770		2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DELONG, EARNEST H		3.2 NAME	
STREET ADDRESS	945 E PACES FERRY RD NE #1770		3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 added by an attachment with an address.

SIGNATURE: [signature] REQUIRED **President, 2/13/97 561-745-9800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #