

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P28329** (1)

1. Corporation Name
EVEREN SECURITIES, INC.



Principal Place of Business: **77 W WACKER DRIVE LEGAL DEPT. CHICAGO IL 60601-1994**
Mailing Address: **77 W WACKER DRIVE LEGAL DEPT. CHICAGO IL 60601-1994**

2. Principal Place of Business
21 **77 W Wacker Drive**
22 **Chicago, IL**
24 **60601** 25 **USA**

2a. Mailing Address
26 **77 W Wacker Drive**
27 **Legal Dept.**
28 **Chicago, IL**
29 **60601** 30 **USA**

3. Date Incorporated or Qualified: **02/28/1990**
3a. Date of Last Report: **08/08/1995**
4. FEI Number: **34-1542819**
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
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0-05, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DANIEL D.	
STREET ADDRESS	77 W WACKER DRIVE	
CITY-STATE-ZIP	CHICAGO IL 60601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BORIS, JAMES R.	
STREET ADDRESS	77 W WACKER DRIVE	
CITY-STATE-ZIP	CHICAGO IL 60601-1994	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REALI, JANET L	
STREET ADDRESS	77 W WACKER DRIVE	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEREMIA, FRANK V.	
STREET ADDRESS	111 E, KILBOURN	
CITY-STATE-ZIP	MILWAUKEE WI 53202	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCGIVERN, ARTHUR J	
STREET ADDRESS	77 W WACKER DRIVE	
CITY-STATE-ZIP	CHICAGO IL 60601-1994	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCONAHEY, STEPHEN G.	
STREET ADDRESS	77 W. WACKER DRIVE	
CITY-STATE-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 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 chairman or an alternate with an address.

SIGNATURE: *Janet L. Reali* **Janet L. Reali, Sec.** 01/30/96 (312) 574-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)