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FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90003 031 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P37287

1. Corporation Name
CURZON SECURITIES, INC.

Principal Place of Business
**TWO WISCONSIN CIRCLE, SUITE 700
CHEVY CHASE MD 20815**

Mailing Address
**TWO WISCONSIN CIRCLE, SUITE 700
CHEVY CHASE MD 20815**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1992

4. FEI Number

52-1609515

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ATRIUM REGISTERED AGENTS INC.
1500 SAN REMO AVE.
SUITE 125
CORAL GABLES FL 33146**

81 Name

Tara A. DiPasquale

82 Street Address (P.O. Box Number is Not Acceptable)

11309 Knot Way

83

84 City

Cooper City

FL

85 Zip Code
33026

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CP**
STREET ADDRESS **PLOTNEK, HAROLD**
CITY-ST-ZIP **19667 TURNBERRY WAY #27J
AVENTURA FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **9200 REDWOOD AVENUE**
1.4 CITY-ST-ZIP **BETHESDA MD 20817**

TITLE ☒ DELETE
NAME **VC**
STREET ADDRESS **KAUFMAN, JAY**
CITY-ST-ZIP **7520 ARROWOOD ROAD
BETHESDA MD**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **DAVID PLOTNEK**
2.3 STREET ADDRESS **2 WISCONSIN CIRCLE # 700**
2.4 CITY-ST-ZIP **CHEVY CHASE MD 20815**

TITLE ☐ DELETE
NAME **VST**
STREET ADDRESS **KAUFMAN, JAY**
CITY-ST-ZIP **7520 ARROWOOD ROAD
BETHESDA MD**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **20817**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 607, 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:

DAVID PLOTNEK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99
Date

(301) 961-1533
Daytime Phone #

CR2E034 (11/98)