

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000011899

1. Corporation Name

PALM BAY SECURITIES, INC.

Principal Place of Business

Mailing Address

**1825 S. Riverview Dr.
Melbourne, FL 32901**

**1825 S. Riverview Dr.
Melbourne, FL 32901**

3. Date Incorporated or Qualified

02/09/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **5240 Babcock St. NE**

26 **5250 Babcock St. NE #300**

4. FEI Number

59-3228460

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **Palm Bay, FL**

28 **Palm Bay, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **32905**

25 **Brevard**

29 **32905**

30 **Brevard**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Mitchell, Bruce A.
1825 S. Riverview Dr.
Melbourne, FL 32901**

81 Name

James L. Reinman

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

1825 S. Riverview Dr.

83

84 City

Melbourne

FL

85 Zip Code
32901

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

James L. Reinman

(NOTE: Registered Agent signature required when re-registering)

DATE

4/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **Davies, Morris**
STREET ADDRESS **194 Old Brompton Rd.**
CITY-ST-ZIP **London England SW5 OAS**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

Davies, Morris
5240 Babcock St. NE, Ste 300
Palm Bay, FL 32905

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

000001806970
-05/03/96--01068--013
*****200.00**

☐ Change ☐ Addition

☐ Change ☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE: Morris Davies

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Morris Davies

Date

(407) 952-2463

Daytime Phone

CR2E034 (12/95)