

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 10: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029363 (6)

1. Corporation Name

CORPORATE CAPITAL SECURITIES, INC.

Principal Place of Business

874 DOUGLAS AVE.
SUITE 100
ALTAMONTE SPRINGS FL 32714

Mailing Address

874 DOUGLAS AVE.
SUITE 100
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/18/1994

3a. Date of Last Report
N/A

4. FEI Number
54-3240468

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. 189.032,
Florida Statutes

Yes ☐ No ☒

2. Principal Place of Business

21. Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

SEMONES, BOB
1400 W FAIRBANKS AVE
SUITE 203
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81. Name

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

974 Douglas Avenue Suite 100

83. City

Altamonte Springs FL

84. Zip Code
32714

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

Bob Semones, President

4/20/95

(NOTE: Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY ST ZIP
SEMONES, BOB
1400 W FAIRBANKS AVE SUITE 203
WINTER PARK FL 32789

2. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
P/O
Semones, Bob
974 Douglas Avenue Suite 100
Altamonte Springs, FL 32714

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
V/S/T/D
Willsey, Alan G.
974 Douglas Avenue Suite 100
Altamonte Springs, FL 32714

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

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 my address.

SIGNATURE:

Alan G. Willsey

4/20/95

407-788-9312

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Telephone Number