


FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90132 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000031198

1. Corporation Name
GSG SECURITIES, INC.



Principal Place of Business 980 N. FEDERAL HWY SUITE 210 BOCA RATON FL 33432	Mailing Address 980 N. FEDERAL HWY SUITE 210 BOCA RATON FL 33432
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1994	4. FEI Number 05-0515766	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		
23. Zip	28. Zip	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No				
24. Country	29. Country					

9. Name and Address of Current Registered Agent

SCARLETT, CHARLES E ESQ
 980 NORTH FEDERAL HIGHWAY
 SUITE 210
 BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEDS, MARSHALL T	1.2 NAME	
STREET ADDRESS	980 N. FEDERAL HWY, SUITE 210	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASER, GREGG S	2.2 NAME	
STREET ADDRESS	980 N. FEDERAL HWY, SUITE 210	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, W.DENNIS	3.2 NAME	
STREET ADDRESS	980 N. FEDERAL HWY, SUITE 210	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	3.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, ANDREA J	4.2 NAME	
STREET ADDRESS	980 N. FEDERAL HWY, SUITE 210	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARLETT, CHARLES E	5.2 NAME	
STREET ADDRESS	980 N. FEDERAL HWY, SUITE 210	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	5.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANT, DAVID	6.2 NAME	SCOTT Carothers
STREET ADDRESS	980 N. FEDERAL HWY, SUITE 210	6.3 STREET ADDRESS	7935 E. Prentice Ave., Ste. 200
CITY-ST-ZIP	BOCA RATON FL 33432	6.4 CITY-ST-ZIP	Greenwood Village CO 80111

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)