FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
1995 JUL 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077309 (0)**

1. Corporation Name
MADISON SECURITIES SEMINARS, INC.

Principal Place of Business	Mailing Address
1 EAST BROWARD BLVD. SUITE 1400 FT. LAUDERDALE FL 33301	1 EAST BROWARD BLVD. SUITE 1400 FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 65-0544058 ☐ 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

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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Richard J. Ferayorni
82 Street Address (P.O. Box Number is Not Acceptable): 1E. Broward Blvd
83: Suite 1400
84 City: Ft. Lauderdale FL 85 Zip Code: 33301

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] PRESIDENT 7/21/95
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	DP	11 TITLE	☐ Change ☐ Addition
NAME	FERAYORNI, RICHARD J	12 NAME	
STREET ADDRESS	1 E. BROWARD BLVD., STE. 1400	13 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL 33301	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	ZIELINSKI, TERRANCE A	22 NAME	Delete
STREET ADDRESS	1 E. BROWARD BLVD., STE. 1400	23 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL 33301	24 CITY ST ZIP	
TITLE	DS	31 TITLE	☒ Change ☐ Addition
NAME	TRAZENFELD, WARREN R	32 NAME	Delete
STREET ADDRESS	1 E. BROWARD BLVD., STE. 1400	33 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL 33301	34 CITY ST ZIP	
TITLE		41 TITLE	DSTV
NAME		42 NAME	BRETOU, ROLAND
STREET ADDRESS		43 STREET ADDRESS	1E. BROWARD BLVD., STE. 1400
CITY ST ZIP		44 CITY ST ZIP	FT. LAUDERDALE, FL 33301
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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 addition.

SIGNATURE: [signature] President Richard J. Ferayorni 7/21/95 305-463-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0206872 CP