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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000036911 (1)

1. Corporation Name:

BUDNER SECURITIES, INC.

Principal Place of Business

888 BRICKELL KEY DRIVE, UNIT 801
MIAMI FL 33131

Mailing Address

888 BRICKELL KEY DRIVE, UNIT 801
MIAMI FL 33131-2663

3. Date Incorporated or Qualified

04/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 9400 S. DADELAND BLVD.

2a. Mailing Address

26 9400 S. DADELAND BLVD.

4. FEI Number

65-0660910

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE 508

Suite, Apt. #, etc.

27 SUITE 508

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 MIAMI FL

City & State

28 MIAMI FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 33156

Country

25 USA

Zip

29 33156

Country

30 USA

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

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name SCOTT BUDNER

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

9400 SOUTH DADELAND BLVD.

83 SUITE 508

84 City MIAMI

FL

85 Zip Code

33156

11. Pursuant to the provisions of Sections 607.0505 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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

SCOTT BUDNER

1-2-97

(Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when reinstating))

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME BUDNER, SCOTT D
STREET ADDRESS 888 BRICKELL KEY DRIVE, UNIT 801
CITY-ST-ZIP MIAMI FL 33131

TITLE VSD ☒ DELETE

NAME GASTFRIEND, SANDRA E
STREET ADDRESS 888 BRICKELL KEY DRIVE, UNIT 801
CITY-ST-ZIP MIAMI FL 33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0170854

1-2-97 305-670-9920

CR2E034 (9/96)