

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000038685 (8)
1. Corporation Name
WITTNER SECURITIES, INC.



Principal Place of Business: 5999 CENTRAL AVE., STE. 400 ST. PETERSBURG FL 33710
Mailing Address: 5999 CENTRAL AVE., STE. 400 ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1997

4. FEI Number: 59-3448491 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields are present but empty.

9. Name and Address of Current Registered Agent: JACOBS, RICHARD O, 13577 FEATHER SOUND DR., STE. 300, CLEARWATER FL 34622

10. Name and Address of New Registered Agent: 81 Name: Woodard, Kathryn A.; 82 Street Address: 5999 Central Ave #400; 84 City: St. Petersburg, FL; 85 Zip Code: 33710

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 607.0503, Florida Statutes.

SIGNATURE: Kathryn A. Woodard, VP DATE: 4/24/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input type="checkbox"/> DELETE	NAME: Landsman, Dean	1.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	P Landsman, Dean
STREET ADDRESS: 5999 Central Ave #400	CITY-ST-ZIP:	1.2 NAME:	5999 Central Ave #400
TITLE: <input type="checkbox"/> DELETE	NAME: Woodard, Kathryn A.	1.3 STREET ADDRESS:	St. Petersburg FL 33710
STREET ADDRESS:	STREET ADDRESS: 5999 Central Ave #400	1.4 CITY-ST-ZIP:	St. Petersburg FL 33710
CITY-ST-ZIP:	2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME:	Wittner, Ted P.
TITLE: <input type="checkbox"/> DELETE	2.3 STREET ADDRESS:	2.3 STREET ADDRESS:	5999 Central Ave N #400
NAME:	2.4 CITY-ST-ZIP:	2.4 CITY-ST-ZIP:	St. Petersburg FL 33710
STREET ADDRESS:	3.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.1 TITLE:	
CITY-ST-ZIP:	3.2 NAME:	3.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	3.3 STREET ADDRESS:	3.3 STREET ADDRESS:	
NAME:	3.4 CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
STREET ADDRESS:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE:	
CITY-ST-ZIP:	4.2 NAME:	4.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	4.3 STREET ADDRESS:	
NAME:	4.4 CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
STREET ADDRESS:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE:	
CITY-ST-ZIP:	5.2 NAME:	5.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS:	5.3 STREET ADDRESS:	
NAME:	5.4 CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
STREET ADDRESS:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE:	
CITY-ST-ZIP:	6.2 NAME:	6.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS:	6.3 STREET ADDRESS:	
NAME:	6.4 CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	
STREET ADDRESS:			
CITY-ST-ZIP:			

14. I 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 on an attachment with an address.

SIGNATURE: Kathryn A. Woodard, VP DATE: 4/24/98 (813) 384-3000

CR2E034 (10/97)