

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000056379 (5)
 1. Corporation Name
REXROTH SECURITIES, INC.



Principal Place of Business 4524 GUN CLUB ROAD #102 WEST PALM BEACH FL 33415	Mailing Address 4524 GUN CLUB ROAD #102 WEST PALM BEACH FL 33415
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	25. Zip	26. Country
27. Suite, Apt #, etc.		28. City & State		29. Zip	
30. City & State		31. Zip		32. Country	
33. Suite, Apt #, etc.		34. City & State		35. Zip	
36. City & State		37. Zip		38. Country	
39. Suite, Apt #, etc.		40. City & State		41. Zip	
42. City & State		43. Zip		44. Country	
45. Suite, Apt #, etc.		46. City & State		47. Zip	
48. City & State		49. Zip		50. Country	

4. FEI Number 65-0766807	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**AJINKYA, ARVIND
 4524 GUN CLUB ROAD #102
 WEST PALM BEACH FL 33415**

10. Name and Address of New Registered Agent

81. Name Tomara Accounting Ser Inc
82. Street Address (P.O. Box Number is Not Acceptable) 2308 N US 1 Ste 16
83. City FT Pierce
84. State FL
85. Zip Code 34946

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 **Tomara Accounting Ser Inc by [Signature]** DATE **3/18/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAH, VIJAY	
STREET ADDRESS	4524 GUN CLUB ROAD #102	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SINGH, SAROJ	
STREET ADDRESS	4524 GUN CLUB ROAD #102	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: **[Signature]** DATE **3/18/98**

CP2E034 (10/97)