

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

**APPROVED
AND
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99 JUN 27 AM 9:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McRham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 586551
 1. Corporation Name
SECURITIES COUNSELING & MANAGEMENT, INC

Principal Place of Business	Mailing Address
<u>2500 E HALLANDALE BEACH BLVD #500</u>	<u>HALLANDALE FL 33309</u>

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified <u>OCTOBER 1991</u>	3a. Date of Last Report <u>6/20/96</u>
4. FEI Number <u>65-0305443</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROBERT E JORDAN
PETERS MAXEY SHORT & MAXEY
3601 PONCE DE LEON BLVD #200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	<u>ROBERT E JORDAN / c/o PETERS MAXEY SHORT & MAXEY</u>
82 Street Address (P.O. Box Number is Not Acceptable)	<u>3601 PONCE DE LEON # 200</u>
83 City	<u>CORAL GABLES FL</u>
84 Zip Code	<u>33134</u>

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: Robert E Jordan DATE: 6/22/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<u>PRESIDENT / DIRECTOR</u>	<input type="checkbox"/> DELETE
NAME	<u>MICHAEL H. JORDAN</u>	
STREET ADDRESS	<u>2131 NE 24 CT</u>	
CITY-ST-ZIP	<u>MIAMI FL 33180</u>	
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

11 TITLE	<u>SECRETARY</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<u>ROBERT E JORDAN</u>	
13 STREET ADDRESS	<u>2790 NE 183 ST 901C</u>	
14 CITY-ST-ZIP	<u>AVENTURA FL 33160</u>	
21 TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	_____	
23 STREET ADDRESS	<u>100002227501--9</u>	
24 CITY-ST-ZIP	<u>-07701797--01041--004</u>	
31 TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	_____	
33 STREET ADDRESS	_____	
34 CITY-ST-ZIP	_____	
41 TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	_____	
43 STREET ADDRESS	_____	
44 CITY-ST-ZIP	_____	
51 TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	_____	
53 STREET ADDRESS	_____	
54 CITY-ST-ZIP	_____	
61 TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	_____	
63 STREET ADDRESS	_____	
64 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)(c), 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: Michael H. Jordan DATE: 5/7/97 3059320245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)