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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:10

DOCUMENT # **S98813** **(6)**

1. Corporation Name

SECURITIES ARBITRATION NETWORK GROUP, INC.

Principal Place of Business	Mailing Address
330 N FEDERAL HWY 212 DEERFIELD BEACH FL 33441 US	330 N FEDERAL HWY 212 DEERFIELD BEACH FL 33441 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/06/1991
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business	2a. Mailing Address
21 811 S.E. 22nd AVE	26 811 S.E. 22nd AVE
Suite, Apt. #, etc. 22 SUITE # 11	Suite, Apt. #, etc. 27 SUITE # 11
City & State 23 POMPANO BEACH, FL	City & State 28 POMPANO BEACH, FL
Zip 24 33062 Country 25 BROWARD	Zip 29 33062 Country 30 BROWARD

4. FEI Number: 65-0346863 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GAIL AIRD KAYE 330 N FEDERAL HWY 212 DEERFIELD BEACH FL 33441	81 Name: GAIL AIRD KAYE 82 Street Address (P.O. Box Number is Not Acceptable): 811 S.E. 22nd AVE 83 SUITE # 11 84 City: POMPANO BEACH FL 85 Zip Code: 33062

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	AIRD, GAIL KAYE	1.2 NAME	
STREET ADDRESS	330 N FEDERAL HWY #212	1.3 STREET ADDRESS	811 S.E. 22nd AVE, # 11
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 address.

SIGNATURE: Gail Aird Kaye 1-27-95 (305) 943-0706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GAIL AIRD KAYE

0265135 CP