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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90076 050 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V07583**

1. Corporation Name
~~REAL ESTATE & MORTGAGE INSTITUTE, INC.~~
Securities Trading Institute, Inc.



Principal Place of Business
 255 S ORANGE AVE.
 6TH FLOOR
 ORLANDO FL 32801
 US

Mailing Address
 P. O. BOX 1511
~~255 S ORANGE AVE~~
 ORLANDO FL 32802
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Orlando FL
 24 Zip 25 32802 County 29 Orange 30

2a. Mailing Address
 26 P.O. Box 1511
 27 Suite, Apt. #, etc.
 28 Orlando FL
 29 Zip 32802 30 Country Orange

3. Date Incorporated or Qualified
01/17/1992

4. FEI Number
59-3108090

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 PINO, LAURENCE J.
 255 S ORANGE AVE.
 6TH FLOOR
 ORLANDO FL 32801

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
255 S. Orange Ave.
 83
 84 City FL 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PDT <td>PINO, LAURENCE J</td> <td></td> <td></td>	PINO, LAURENCE J		
STREET ADDRESS	255 S. ORANGE AVE. 6TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	
S	WILSON, PATRICIA T	2.1 TITLE	2.2 NAME
STREET ADDRESS	255 S. ORANGE AVE. 6TH FLOOR	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
CITY-ST-ZIP	ORLANDO FL	3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	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, with all other like empowered.

SIGNATURE: LAURENCE J. PINO, ESQ. 4-19-99 407 425-7831
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)