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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  
~~ORLANDO FL 32802~~  
ORLANDO FL 32802  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1992

4. FEI Number

59-3108090

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

County

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 1511

Suite, Apt. #, etc.

Orlando FL

32802

Orange

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)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PDT  
PINO, LAURENCE J  
STREET ADDRESS  
255 S. ORANGE AVE. 6TH FLOOR  
CITY-ST-ZIP  
ORLANDO FL 32801

TITLE ☐ DELETE

NAME  
S  
WILSON, PATRICIA T  
STREET ADDRESS  
255 S. ORANGE AVE. 6TH FLOOR  
CITY-ST-ZIP  
ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURENCE J. PINO, ESQ.

4-19-99 407 425-7831

Date

Daytime Phone #

CR2E034 (1/98)