## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

V65556

(5)

SECURITIES ARBITRATION CENTERS, INC.

**FILED** Apr 22 1996 8:00 am **Secretary of State** 



Principal Place of Business Mailing Address  1975 F. SUNRISE BLVD. 1975 E. SUNRISE BLVD.								
1975 E. SUNRISE BLVD. SUITE 753 SUITE 753 FT. LAUDERDALE FL 33304 FT. LAUDERDALE					3. Date Incorporated or Qualified 3a. Date of Last Report			
					09/21/1992	04	/28/199	
Throughout today of the total		2a. Mailing Address 26					Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s 199.032,			199.032,
4 25		29	30		Florida Statutes Yes 440			
	g. Name and Address of Cu	rrent Registered Agent		81 Name	10. Name and Address of New F	egistered A	gent	
1975 E. S SUITE 75	g, martin J. Sunrise BLVD. 13 Derdale FL 33304			<ul><li>82 Street Add</li><li>83</li><li>84 City</li></ul>	iress (P.O. Box Number is Not Acceptat	FL.	85 Zı	p Code
SIGNATURE	Harry	NIN	OTE: Registere	ed Agent signature requir		DATE	776	
12.	AFFICER:	S AND DIRECTORS	13.	·	ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12 Addition
TITLE NAME STREET AODRESS	GOFBERG, MARTIN J 1975 E. SUNRISE BLVD. FT. LAUDERDALE FL	DELETE ,#753	1.21 1.33	TITLE NAME STREET ADDRESS CHY-ST-ZIP		Ļ.	⊒ Ouguge	
CHY-ST-ZIP TITLE NAME STREET ADDRESS	T. Diodilotte 15	☐ DELETE	2 1 22 23	TIFLE NAME STREET ADDRESS CITY - S1 - ZIP		[	] Change	☐ Addition
CHY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3 1 3.2 3.3	NAME . STREET ADDRESS			] Change	Addition
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CITY+S1-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	5 1 5 2 5.3	OTTY-ST-ZIP THILE NAME STREET ADDRESS		[	Change	☐ Addition
CITY - ST- ZIP TITLE NAME STREET ADDRESS		☐ DELETE	6.1 6.2 6.3	CITY-S1-ZIP  1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-S1-ZIP			Change	Addition
certify tha	t the information indicated of the Lam an officer or director of the Block 12 or Block 13 it change	oplied with this filing is voluntarily fusion and the supplemental air for poration or the receiver or trust, or or an attachment with an activities of premitted name of signing off	irnished an nnual repor stee empov idress.	nd does not qualify it is true and accu wered to execute	y for the exemption stated in Section 11 trate and that my signature shall have the this report as required by Chapter 607, I than the transfer of the transfe	Florida Statu	onda Statu I effect as tes; and th Ou 38 Daytine Frien	hat my name