

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 JAN 17 AM 11:38

DOCUMENT # **P93000043568 (3)**

1. Corporation Name

WINSTON SECURITIES, INC.

Principal Place of Business

Mailing Address

**4344 E TRADEWINDS AVENUE
LAUDERDALE BY THE SEA FL 33308**

**4344 E TRADEWINDS AVENUE
LAUDERDALE BY THE SEA FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1993

3a. Date of Last Report

02/11/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0421824

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

**GOREN, SAMUEL S
3099 E COMMERCIAL BOULEVARD
SUITE 200
FORT LAUDERDALE FL 33308**

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 of current registered agent and title if applicable

Signature of new registered agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY & ZIP
TITLE
NAME
STREET ADDRESS
CITY & ZIP
TITLE
NAME
STREET ADDRESS
CITY & ZIP
TITLE
NAME
STREET ADDRESS
CITY & ZIP
TITLE
NAME
STREET ADDRESS
CITY & ZIP
TITLE
NAME
STREET ADDRESS
CITY & ZIP

**D
WINSTON, HARRY L III
4344 E TRADEWINDS AVENUE
LAUDERDALE BY THE SEA FL 33308**

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
 Change Addition
 Change Addition
 Change Addition
 Change Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am not qualified for the exemption stated in Section 119.03(2)(b), 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 appointed to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/95
DATE

305/491-4705
TELEPHONE NO.