

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90041 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F98000004783**

1. Corporation Name
IBAA SECURITIES CORPORATION



Principal Place of Business
**6077 PRIMACY PARKWAY, 3RD FLOOR
 MEMPHIS TN 38119**

Mailing Address
**6077 PRIMACY PARKWAY, 3RD FLOOR
 MEMPHIS TN 38119**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/21/1998

4. FEI Number
06-1253210 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
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
**WARD, ROBERT J
 500 W. CYPRESS CREEK ROAD, SUITE 220
 FORT LAUDERDALE FL 33309**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKERING, C J	1.2 NAME	
STREET ADDRESS	6077 PRIMACY PARKWAY, 3RD FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38119	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEAGNO, GARY C	2.2 NAME	
STREET ADDRESS	ONE THOMAS CIRCLE NW SUITE 950	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20005	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERN, KEITH	3.2 NAME	
STREET ADDRESS	2 ELM STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAMDEN ME 04843	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKER, THOMAS T	4.2 NAME	
STREET ADDRESS	490 WEST OLIVE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERCED CA 95348	4.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVRIES, HAROLD L	5.2 NAME	
STREET ADDRESS	518 LINCOLN ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAUK CENTRE MN 56378-1653	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUYLE, NANCY A	6.2 NAME	
STREET ADDRESS	1000 FRONT STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROGERSVILLE MO 65742	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: *[Signature]* **REQUIRED 4-22-99 9017625880**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)