

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 615699

(6)

1. Corporation Name

STANDARD BROKERAGE COMPANY



Principal Place of Business

2701 16TH ST
TAMPA FL 33605-9616

Mailing Address

2701 16TH ST
TAMPA FL 33605-9616

3. Date Incorporated or Qualified
04/02/1979

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWMAN, STANFORD J.
2701 16TH ST.
TAMPA FL 33605

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 officer or director of corporation or registered agent)

(If "X" is marked, Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	☐ DELETE
NAME	NEWMAN, STANFORD J	
STREET ADDRESS	2701 16TH ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	☐ DELETE
NAME	NEWMAN, ERIC	
STREET ADDRESS	401 ROYAL POINCIANA	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	☐ DELETE
NAME	PURVIS, ROBERT	
STREET ADDRESS	514 69TH	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	VD	☐ DELETE
NAME	NEWMAN, ROBERT	
STREET ADDRESS	2901 JULIA #D	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	☒ Change ☐ Addition
32. NAME	4232 MARINA Ct.
33. STREET ADDRESS	CORTEZ, FL 34215
34. CITY-ST-ZIP	
4. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 813 248 2129

CR2E034 (12/95)