

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 8:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 633862 (8)

1. Corporation Name

REAL ESTATE INVESTMENT BROKERS, INC.

Principal Place of Business

**17070 COLLINS AVENUE
SUITE 243
MIAMI BEACH FL 33160**

Mailing Address

**17070 COLLINS AVENUE
SUITE 243
MIAMI BEACH FL 33160**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/13/1979

3a. Date of Last Report

06/01/1994

4. FEI Number

59-1928450

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under S. 199.032.

Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 5600 COLLINS AVENUE

2a. Mailing Address

26 5600 COLLINS AVENUE

Suite, Apt. #, etc.

APT. # 14-V

Suite, Apt. #, etc.

APT. # 14-V

City & State

23 MIAMI BEACH, FLORIDA

City & State

28 MIAMI BEACH, FLORIDA

Zip

24 33140

Country

25 DADE COUNTY

Zip

29 33140

Country

30 DADE COUNTY

9. Name and Address of Current Registered Agent

**BIRNKANT, MRS HONORE
5601 COLLINS AVE #501
MIAMI BEACH FL 33140**

**MINUS NAME
NEW NAME**

81 Name

MRS HONORE BIRNKANT

82 Street Address (P.O. Box Number is Not Acceptable)

5600 COLLINS AVENUE

83

APT. # 7-E

84

MIAMI BEACH

FL

85

Zip Code

33140

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEIGLER, LOWELL E.
STREET ADDRESS	5600 COLLINS AVE #14-V
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 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:

Lowell E. Steigler, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LOWELL E. STEIGLER, PRESIDENT

4/21/95 (305) 861-1248