

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **736828** (5)
1. Corporation Name
CENTURY 21 BROKERS COUNCIL OF NORTHEAST FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4190 BELFORD ROAD SUITE 200 JACKSONVILLE FL 32216 US

2. Principal Place of Business 29. Mailing Address
21 Suite, Apt. #, etc. **26** **6500 BEACH BOULEVARD**
22 City & State **27** **JACKSONVILLE, FLORIDA**
23 Zip **28** **32216** Country **30** **DUAL**

3. Date Incorporated or Qualified **09/16/1976** 3a. Date of Last Report **08/08/1994**
4. FEI Number **59-2266704** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ATKINS, ROBERT L.
11518 SAN JOSE BOULEVARD
JACKSONVILLE FL 32223**

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

TITLE	PD
NAME	STALVEY, KAY
STREET ADDRESS	2947 BROWARD ROAD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	STD
NAME	ATKINS, ROBERT L.
STREET ADDRESS	11518 SAN JOSE BOULEVARD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD
NAME	DAUTEL, BARBARA
STREET ADDRESS	1301 MONUMENT ROAD, SUITE 9
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	PPD
NAME	ATKINS, PAMELA T.
STREET ADDRESS	3547 HENDRICKS AVENUE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	TREASURER
NAME	ALBERT E. SCHALL
STREET ADDRESS	6500 BEACH BOULEVARD
CITY - ST - ZIP	JACKSONVILLE, FLORIDA 32216
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Albert E. Schall Date: 4/22/95 Time: 904-725-6570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR