

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 736828 (5)

1. Corporation Name

CENTURY 21 BROKERS COUNCIL OF NORTHEAST FLORIDA, INC.



Principal Place of Business

Mailing Address

4190 BELFORD ROAD
SUITE 200
JACKSONVILLE FL 32216
US

6500 BEACH BOULEVARD
SUITE 200
JACKSONVILLE FL 32216
US

3. Date Incorporated or Qualified
09/16/1976

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ATKINS, ROBERT L.
11516 SAN JOSE BOULEVARD
JACKSONVILLE FL 32223

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME STALVEY, KAY
STREET ADDRESS 2947 BROWARD ROAD
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE PD Change Addition
1.2 NAME PELLICER, DON
1.3 STREET ADDRESS 323 ARLINGTON ROAD
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE STD DELETE
NAME ATKINS, ROBERT L.
STREET ADDRESS 11516 SAN JOSE BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE POED Change Addition
2.2 NAME HARRIS, DEBRA
2.3 STREET ADDRESS 445 STATE ROAD 13, SUITE 11
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE VD DELETE
NAME DAUTEL, BARBARA
STREET ADDRESS 1301 MONUMENT ROAD, SUITE 9
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE SD Change Addition
3.2 NAME WATSON, PEGGIE
3.3 STREET ADDRESS 12041 BEACH BOULEVARD #23
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE PPD DELETE
NAME ATKINS, PAMELA T.
STREET ADDRESS 3547 HENDRICKS AVENUE
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE PPD Change Addition
4.2 NAME ATKINS, ROBERT L.
4.3 STREET ADDRESS 11516 SAN JOSE BOULEVARD
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE T DELETE
NAME SCHALL, ALBERT E
STREET ADDRESS 6500 BEACH BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE TD Change Addition
5.2 NAME SCHALL, ALBERT E
5.3 STREET ADDRESS 6500 BEACH BOULEVARD
5.4 CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 617, 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

3/19/96

Date

904-725-6510

Daytime Phone #

CR2E037 (12/95)