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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736828 (5)

1. Corporation Name
CENTURY 21 BROKERS COUNCIL OF NORTHEAST FLORIDA, INC.



Principal Place of Business 4180 BELFORT ROAD SUITE 200 JACKSONVILLE FL 32216 US	Mailing Address 6500 BEACH BOULEVARD SUITE 200 JACKSONVILLE FL 32216-2815 US
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3. Date Incorporated or Qualified 09/16/1976	3a. Date of Last Report 03/25/1996
4. FEI Number 59-2266704	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Debra Harris
82 Street Address (P.O. Box Number is Not Acceptable) 445 S.R. 13, Ste 11
83 32259
84 City Jacksonville FL
85 Zip Code 32259

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: *Pamela T. Atkins* *Debra Harris* DATE: **1/17/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME PELLICER, DON	1.1 TITLE PD	1.2 NAME Debra Harris
STREET ADDRESS 323 ARLINGTON ROAD	CITY-ST-ZIP JACKSONVILLE FL	1.3 STREET ADDRESS 445 S. R. 13, STE 11	1.4 CITY-ST-ZIP Jacksonville FL
TITLE POED	NAME HARRIS, DEBRA	2.1 TITLE POED	2.2 NAME Raymond Harris
STREET ADDRESS 445 ST ROAD 13, STE 11	CITY-ST-ZIP JACKSONVILLE FL	2.3 STREET ADDRESS 445 103rd Street	2.4 CITY-ST-ZIP Jacksonville FL 32210
TITLE SD	NAME WATTRON, PEGGIE	3.1 TITLE SD	3.2 NAME Martha O'Shields
STREET ADDRESS 12041 BEACH BLVD #23	CITY-ST-ZIP JACKSONVILLE FL	3.3 STREET ADDRESS 950-17 Blanding Blvd	3.4 CITY-ST-ZIP Orange Park, FL 32065
TITLE PPD	NAME ATKINS, ROBERT L.	4.1 TITLE PPD	4.2 NAME Don Pellicer
STREET ADDRESS 11516 SAN JOSE BLVD	CITY-ST-ZIP JACKSONVILLE FL	4.3 STREET ADDRESS 323 Arlington Rd	4.4 CITY-ST-ZIP Jacksonville, FL 32211
TITLE TD	NAME SCHALL, ALBERT E	5.1 TITLE TD	5.2 NAME Pamela T. Atkins
STREET ADDRESS 6500 BEACH BOULEVARD	CITY-ST-ZIP JACKSONVILLE FL	5.3 STREET ADDRESS 3547 Hendricks Avenue	5.4 CITY-ST-ZIP Jacksonville FL 32207
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pamela T. Atkins* *Debra Harris* DATE: **1/17/97** Daytime Phone: **904/399-0404**

Signature and typed or printed name of signing officer or director

CFR2E037 (9/96)