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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified 09/16/1976
4. FEI Number 59-2266704
Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HARRIS, DEBRA
445 S.R. 13
SUITE 11
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PPD	<input type="checkbox"/> DELETE
NAME	PELLICER, DON	
STREET ADDRESS	323 ARLINGTON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, DEBRA	
STREET ADDRESS	445 ST ROAD 13, STE 11	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	POED	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, RAYMOND	
STREET ADDRESS	6945 103RD STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	O'SHIELDS, MARTHA	
STREET ADDRESS	950-17 BLANDING BLVD	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ATKINS, PAMELA T	
STREET ADDRESS	3547 HENDRICKS AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	L CHARLES MANN	
1.3 STREET ADDRESS	323 ARLINGTON Rd	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert P. Ferreira	
2.3 STREET ADDRESS	508 Centre St	
2.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	
3.1 TITLE	POED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RAYMOND HARRIS	
3.3 STREET ADDRESS	6945 103rd St	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
4.1 TITLE	SO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Peggy Wattron	
4.3 STREET ADDRESS	12041 Beach Blvd #23	
4.4 CITY-ST-ZIP	JACKSONVILLE FL 32246	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARIE Forehand	
5.3 STREET ADDRESS	6640 103rd St	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
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 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: *Marie Forehand* (904) 2-9-98 771-2345

CR2E037 (10/97)