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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736828

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

Principal Place of Business
4190 BELFORT ROAD
SUITE 200
JACKSONVILLE FL 32216
US

Mailing Address
6500 BEACH BOULEVARD
SUITE 200
JACKSONVILLE FL 32216
US



21	2. Principal Place of Business 11516 San Jose Blvd. Suite, Apt. #, etc.	2a	2a. Mailing Address 11516 San Jose Blvd. Suite, Apt. #, etc.	3	3. Date Incorporated or Qualified 09/16/1976
22	22. City & State Jacksonville, FL 32223	27	27. City & State Jacksonville, FL 32223	4	4. FEI Number 59-2266704
23	23. Zip 32223	28	28. Zip 32223	5	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	24. Duval	29	29. Duval	6	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	81. Name Robert L. Atkins	82	82. Street Address (P.O. Box Number is Not Acceptable) 11516 San Jose Blvd.
83	83. City Jacksonville, FL 32223	84	84. City Jacksonville FL
85	85. Zip Code 32223		

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: *Robert L. Atkins*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PPD MANN, L. CHARLES 323 ARLINGTON RD JACKSONVILLE FL 32211	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President /D PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD FERREIRO, ROBERT P 308 CENTRE ST FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/> DELETE	1.2 NAME Robert L. Atkins
TITLE	POED HARRIS, RAYMOND 6945 103RD ST JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS 11516 San Jose Blvd, Jacksonville, FL 32223
TITLE	SD WALTTRON, PEGGY 12041 BEACH BLVD., #23 JACKSONVILLE FL 32246	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP Jacksonville, FL 32223
TITLE	TD FOREHAND, MARIE 6640 103RD ST JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> DELETE	2.1 TITLE President Elect /D PE/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	2.2 NAME Dirk Shroder
			2.3 STREET ADDRESS 2820 US1 South, Century Plaza St Augustine, FL 32086
			2.4 CITY-ST-ZIP Jacksonville Beach, FL 32250
			3.1 TITLE Vice President /D VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			3.2 NAME Richard Sartor
			3.3 STREET ADDRESS 2413 South 3rd St. Jacksonville Beach, FL 32250
			3.4 CITY-ST-ZIP Jacksonville Beach, FL 32250
			4.1 TITLE Secretary /D S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME Diane Matthews
			4.3 STREET ADDRESS 2947 Broward Road Jacksonville, FL 32218
			4.4 CITY-ST-ZIP Jacksonville, FL 32218
			5.1 TITLE Treasurer /D T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME Dorothy Z. Wise
			5.3 STREET ADDRESS 1301 Reid Street Palatka, FL 32177
			5.4 CITY-ST-ZIP Palatka, FL 32177
			6.1 TITLE
			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, with all other like empowered.

SIGNATURE: *Diane Matthews* SECRETARY Date: 1/28/99 (904) 764-6100

CR2E037 (11/98)