FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State 04-19-1999 90040 042 ***150.00

DOCUMENT # G14398

1. Corporation Name

FIRST BROKERS INC.

| , , , , , | , | ÷ | | | | |
|---|--------------------|---------------------|--------------------|---|---------------------------------|--|
| | | 4 A - 71 A - A - A | | | AN DIBN BIDN BIBN 1881 | |
| Principal Place of Business Mailing Address | | | | 1 | | |
| 814 REGENT CIR S 814 REGENT CIR S | | | | | | |
| BRANDON FL 33511 BRANDON FL 33511 | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | Date Incorporated or Qualifed | | |
| i | · · | | | 12/21/1982 | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 | | 26 | | 59-2548839 | Not Applicable | |
| Suite, Apt. | #, etc. 😄 | Suite, Apt. #, etc. | | Le "Cortificato of Status Desired T | 3.75 Additional Fee Required | |
| City & State | e • | City & State | | 6. Election Campaign Financing S | 5.00 May Be | |
| 23 | 28 | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | Country | 8. This corporation owes the current year Intangib | | |
| 24 | 25 | 29 30 | | Personal Property Tax. | | |
| Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | |
| 1 1 T | | | | 81 Name | | |
| HARRING, ANTHONY U | | | 92 Street Ad | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 814 REGENT CIR S | | | 62 Sileer Ac | 02 Street Address (F.O. DOX Millipor is Not Modernous) | | |
| BRANDON FL 33511 | | | 83 | 83 | | |
| | | | 94 6% | 84 City 85 Zip Code | | |
| · ~ | | | | ₽L | · | |
| 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 famillar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE 13 apr 97 | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | | |
| 7-1 . f . l U | | | 13. | | | |
| TITLE | PBS VI, Sec | DETELE | 1.1 TITLE | FRANCES M HARRING | Shange Addition | |
| NAME | HARRING, ANTHONY U | | 1.2 NAME , | FRANCES | ` | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | PIY REGENTICIAS Grandon 76 33511 Chance Maddition | | |
| CITY-ST-ZIP | BRANDON FL | | 1.4 CITY-ST-ZIP | mandon to 33311 | Observation Not delicate | |
| TITLE | | ☐ DELETE | 2.1 TITLE | 92 73 1/ \ | Change X Addition | |
| NAME | | | 2.2 NAME | ANTHONY U HARRING SIY RECENT CIR S BRANDON FL 37511 | | |
| STREET ADDRESS | _ | | 2.3 STREET ADDRESS | SIY REGENT CIRCL | | |
| CITY-ST-ZIP | | | 2. 4 CITY-ST-ZIP | BRANDON FL JJS 1 | 06 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | , LI | Change | |
| NAME | | | 3.2 NAME | | | |

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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 City-ST-ZIP

5.3 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13apr 99

AJ (S/PPS)

RSE034 (11/98)

Addition

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