

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # H22126 (7)**

1. Corporation Name  
**BROTHERS 2 REALTY OF SARASOTA, INC.**



Principal Place of Business	Mailing Address
1970 MAIN STREET, 5TH FLOOR P.O. BOX 2099 SARASOTA FL 34236	1970 MAIN STREET, 5TH FLOOR P.O. BOX 2099 SARASOTA FL 34236

3. Date Incorporated or Qualified <b>09/21/1984</b>	3a. Date of Last Report <b>04/11/1995</b>
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2. Principal Place of Business	2a. Mailing Address
21 <b>1934 RINGLING BLVD</b>	26 <b>P.O. Box 2099</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>SARASOTA, FL</b>	28 City & State <b>SARASOTA, FL</b>
24 Zip <b>34236</b>	25 Country <b>USA</b>
29 Zip <b>34230</b>	30 Country <b>USA</b>

4. FEI Number <b>59-2462159</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DESENBERG, CHARLES 1970 MAIN STREET, 5TH FLOOR SARASOTA FL 34236</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESENBERG, CHARLES</b>	1.2 NAME	
STREET ADDRESS	<b>1452 HILLVIEW DRIVE</b>	1.3 STREET ADDRESS	<b>4626 HADFIELD DRIVE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	<b>SARASOTA, FL 34235</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESENBERG, MARILYN</b>	2.2 NAME	
STREET ADDRESS	<b>1452 HILLVIEW DRIVE</b>	2.3 STREET ADDRESS	<b>4626 HADFIELD DRIVE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	<b>SARASOTA, FL 34235</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, 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 named, or in an attachment with an address.

SIGNATURE: **4/11/96** **(941) 365-4100**  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)