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**May 06 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000098892 (8)

1. Corporation Name
THE JAMES BROKERAGE, INC.



Principal Place of Business Mailing Address
**1800 EAST ROBINSON STREET
SUITE 250
ORLANDO FL 32803**

3. Date Incorporated or Qualified **12/04/1996** 3a. Date of Last Report
4. FEI Number **59-3440502** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1600 E. Robinson St.** 26 **1600 E. Robinson St.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **250** 27 **250**
City & State City & State
23 **Orlando, FL** 28 **Orlando, FL**
Zip Country Zip Country
24 **32803** 25 **USA** 29 **32803** 30 **USA**

9. Name and Address of Current Registered Agent
**SINGER, DEBORAH E
1600 EAST ROBINSON STREET
SUITE 250
ORLANDO FL 32803**

10. Name and Address of New Registered Agent
81 Name **Singer, Deborah E.**
82 Street Address (P.O. Box Number is Not Acceptable) **1600 E. Robinson Street**
83 **Suite 250**
84 City **Orlando** FL 85 Zip Code **32803**

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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, DEBORAH E	1.2 NAME	
STREET ADDRESS	1600 E ROBINSON ST, STE 250	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32803	1.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, FRANK	2.2 NAME	
STREET ADDRESS	1600 E ROBINSON ST, STE 250	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32803	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, MIKE	3.2 NAME	
STREET ADDRESS	1600 E ROBINSON ST, STE 250	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32803	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 checked="" 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	

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: **SINGER, DEBORAH E.** 2/5/97 407-898-9686
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000027

CP2E034 (9/96)