

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 09, 1996 08:00 AM
Secretary of State

DOCUMENT # **412811** (2)
1. Corporation Name
HOWARD JOHNSON BROKERS, INC.



Principal Place of Business
**30801 HWY 19 NORTH, SUITE 120
PALM HARBOR FL 34684**

2. Principal Place of Business
21 **12 Eagle Lane**
Suite, Apt. #, etc.
22
City & State
23 **Palm Harbor FL**
Zip
24 **FL**
25 **USA**
26 **12 Eagle Lane**
Suite, Apt. #, etc.
27
City & State
28 **Palm Harbor FL**
Zip
29 **34683**
30 **USA**

3. Date Incorporate for Qualify **11/05/1972**
3a. Date of Last Report **03/09/1995**
4. FEI Number **59-1447021**
5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution
8. This corporation has liability for making his tax under S. 1930 (S. Florida Statutes) Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**JOHNSON, HOWARD M.
999 HIGHWAY 19 SOUTH
PALM HARBOR FL 34684**

81 Name **Same**
82 Street Address (P.O. Box Number - Not Acceptable) **12 Eagle Lane**
83
84 **Palm Harbor** FL 85 Zip Code **34683**

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(1), 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.01(2) Florida Statutes.

SIGNATURE **Howard M Johnson** 44-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, HOWARD M	2. NAME	
STREET ADDRESS	12 EAGLE LANE	3. LAST NAME	
CITY-STATE-ZIP	PALM HARBOR FL	4. CITY-STATE-ZIP	
TITLE	PDS	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, HOWARD M	6. NAME	
STREET ADDRESS	12 EAGLE LANE	7. LAST NAME	
CITY-STATE-ZIP	PALM HARBOR FL	8. CITY-STATE-ZIP	
TITLE	V	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, KEITH H	10. NAME	
STREET ADDRESS	11540 LOIS CROSS DR.	11. LAST NAME	
CITY-STATE-ZIP	JACKSONVILLE FL	12. CITY-STATE-ZIP	
TITLE	V	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, M. L	14. NAME	
STREET ADDRESS	12 EAGLE LANE	15. LAST NAME	
CITY-STATE-ZIP	PALM HARBOR FL	16. CITY-STATE-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. LAST NAME	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. LAST NAME	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	

14. I do hereby certify that the information appearing in the filing is true and correct for the purposes of the Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that no person 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 appointed thereunder, the result of an appointment by the court appears in Block 12 or Block 13 if changed, or on an affidavit filed with this statement.

SIGNATURE: **Howard M Johnson** 4/6/96 813 733 4207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)