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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

515706

(0)

ASSOCIATED REAL ESTATE BROKERS, INC.

ASSOCIATED HEAL ESTATE BHOKERS, INC.											
Principal Place C	of Business	M	ailing Address						• • • • • • • • • • • • • • • • • • • •		
851 S.E. 131 POMPANO E	TH COURT BEACH FL 33060		851 S.E. 13TH COUR POMPANO BEACH FI								
							3. Date Incorporated or Qualified 10/04/1976	3a, Dai	te of Last R 05/01/1		
2. Principal Plac	ce of Business	2a.	Mailing Address				4. FEI Number 59-1708992			Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State				6. Election Campaign Financing			0 May Be	
23			Zip Country				Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,				
Ζφ 24	Country 25		Zip Coul 30			Florida Statutes		Yes KINo			
<u></u>	g. Name and Address of Currer	29 nt Regis	stered Agent				10. Name and Address of New F	egistered	I Agent		
					81	Name					
SWANSON, DONALD A. 851 S.E. 13TH COURT				82 Street Add			ress (P.O. Box Number is Not Acceptab	ole)			
	NO BEACH FL				83						
		-			84	City		FI	85 Z	ip Code	
		2 and 60	37 1508 Florida Statut	es the ah	NA-F	named corpo	ration submits this statement for the pu	mose of o	banging its	registered office	
ar raaintar	salassat ar both in the State of Flor	Ma Suc	XI CORNOR WAS BUULUIZ	ed by the	corp	oration's boa	rd of directors. I hereby accept the app	ointment a	us registere	d agent. I am	
familiar wit	h, and accept the obligations of, Sec	tion 607	7.0505, Florida Statutes	š.							
SIGNATURE _	Signature, typed or printed name of registered ager	and title i	f applicable. [NC	OTE: Registere	d Ager	nt signature require	ad when reinstating)	DATE			
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFF	ICERS AN			
TITLE	Р		☐ DELETE	1.1	TITLE				☐ Change	☐ Addition	
NAME	SWANSON, DONALD A.			1.21	IAME						
STREET ADDRESS	851 S.E. 13TH COURT			1.3 9	TREET	T ADDRESS					
CITY - ST- ZIP	POMPANO BEACH FL				1.4 CITY - ST - ZIP					- 440°	
TITLE	TS		☐ DELETE	2 1	TITLE				☐ Change	☐ Addition	
NAME	SWANSON, TILLIE			2.2	IAME	ļ .					
STREET ADDRESS	851 S.E. 13TH COURT			23	TREE	T ADDRESS					
CITY-ST-ZIP	POMPANO BEACH FL			24	OTY-	ST-ZIP			Change	Addition	
TITLE			☐ DELETE	3 1	TITLE				Change	Modificia	
NAME				3.2	MAME	1					
STREET ADDRESS				3.3.	STREE	T ADDRESS					
CITY-ST-ZIP						ST-ZIP			☐ Change	Addition	
TITLE			DELETE		TITLE				C Change		
NAME					NAME						
STREET ADDRESS						T ADDRESS					
CITY - S1 - ZIP			FT DE PTE			ST-ZIP			Change	Addition	
TITLE			☐ DELETE		TITLE				اوا مادان		
NAME					NAME						
STREET ADDRESS				•		T ADDRESS					
CITY-ST-ZIP			E borre			ST-ZIP			Change	e	
TOLF			DELETE		TITLE	l					
NAME					NAME	4					
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP				6.4	CITY-	ST-ZIP	Control of Control 11	0.03/0/4/	Elevisia Cto	tutos I furthor	

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 cath; 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 on an attachment with an address.

SIGNATURE:

MANUNSANT INTED NAME OF SIGNING OFFICER OR DIRECTOR