## 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

## DOCUMENT # 515706 1. Corporation Name

ASSOCIATED REAL ESTATE BROKERS, INC.

Principal Place of Business Mailing Address									i ibbiåt bilbi ilbat Billi inni sai	18 PILI BIBLI BI		. 91611 91911 1091
22557 SWORD FISH DR												
US US									DO NOT WRIT	E IN THIS	SPACE	
								-	Date Incorporated or Qualifed 10/04/1976			
2. Principal Place of Business 2a. Mailing Address									FEI Number		Α	Applied For
21			26					ļ	59-1708992		1	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						Certifcate of Status Desired			Additional Required
City & State			City & State						Election Campaign Financing		\$5.00	May Be
23			28						Trust Fund Contribution		Added	to Fees
Zip	Country Zip Cou			intry	Q. The compensation of			This corporation owes the curre	ent year Inta		MNo	
24				30	ין ב				Personal Property Tax.	!	Yes	ZEINO
Name and Address of Current Registered Agent								10.	Name and Address of New R	egistered	Agent	
CIAIA	NCON DONALD A				81	Name	)					
SWANSON, DONALD A. 22557 SWORD FISH DR					82	Street Address (P.O. Box Number is Not Acceptable				ble)		
<b>BOCA RATON FL 33428</b>			:									
					84	City				FL	85 Zip	Code
					Щ				automite this state most for the		changing	te registered
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	e of Florid	u7.1508, Florida Statute la. Such change was au	s, the a thorized	bove by	the cor	oration	's boa	ard of directors. I hereby accep	t the appoi	ntment as	registered
agent. I a	m familiar with, and accept the obliq	ations of,	Section 607.0505, Flori	da Stat	utes.							}
SIGNATURE										DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered  12 OFFICERS AND DIRECTORS  13.					Agen	t signature	required w				ID DIRECT	COPS IN 12
12.	<del></del>	ND DIKE	DELETE	13.			Т'	^	DDITIONS/CHANGES TO OFF	TOENS AN	Change	
TITLE	P DOMAIN A		□ nere≀e									
NAME	SWANSON, DONALD A.			1.2 N								
STREET ADDRESS	851 S.E. 13TH COURT					ADDRESS	3					
CITY-ST-ZIP	POMPANO BEACH FL				TY-\$1	r-ZIP	<del>                                      </del>				☐ Change	e [ Addition
TITLE	TS		☐ DELETE	2,1 π	TLE		1				Change	
NAME	SWANSON, TILLIE			2.2 N	AME							
STREET ADDRESS	851 S.E. 13TH COURT			2.3 \$1	REET	ADDRESS	<b>3</b>					
CITY-ST-ZIP	POMPANO BEACH FL			2.40	ITY-S	T-ZIP						
TITLE			☐ DELETE	3.1 TI	TLE						☐ Change	e
NAME				3.2 N	AME							}
STREET ADDRESS						ADDRES	s					
CITY-ST-ZIP			☐ DELETE	_	ITY-S	T-ZIP	-	. –			☐ Change	e [ ] Addition
TITLE			□ nere1e	4.1 ∏								
NAME				4. 2 N								
STREET ADDRESS						ADDRES	3					
CITY-ST-ZIP				_	TY-S	T-ZIP	+					o □ Addition
TITLE			☐ DELETE	5.1 TI							Change	e
NAME				5.2 N								
STREET ADDRESS						ADDRES	5					
CITY-ST-ZIP					TY-S	T-ZIP	1					
TITLE			☐ DELETE	6.1 TI							Change	e
NAME				6.2 N	AME							

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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

561-883-3463

**FILED** 

May 05, 1999 8:00 am Secretary of State

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