FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 23 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **578882** **(3)**

1. Corporation Name
BROKERS SERVICE OFFICE SOUTH INC.

Principal Place of Business	Mailing Address
13920 58TH ST. N. 1005 CLEARWATER FL 34620	13920 58TH ST. N. 1005 CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/19/1978
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-1837179 ☐ 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

9. Name and Address of Current Registered Agent

CASHON, NORA LEE
1665 PARKSIDE DR
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE		☒ Change ☐ Addition
NAME	FISCHER, ELAINE NEWELL	1.2 NAME		
STREET ADDRESS	628 WHISPERING PINES CIR	1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY	1.4 CITY-ST-ZIP		14612
TITLE	VD	2.1 TITLE	V ONLY - NO D	☒ Change ☐ Addition
NAME	NEWELL, JOHN W.	2.2 NAME		
STREET ADDRESS	1818 EDGEMERE DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY	2.4 CITY-ST-ZIP		14612
TITLE	SD	3.1 TITLE		☒ Change ☐ Addition
NAME	NEWELL, NANCY H.	3.2 NAME		
STREET ADDRESS	1818 EDGEMERE DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY	3.4 CITY-ST-ZIP		14612
TITLE	V	4.1 TITLE		☒ Change ☐ Addition
NAME	CASHON, NORA LEE	4.2 NAME		
STREET ADDRESS	1665 PARKSIDE DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP		34616
TITLE	V	5.1 TITLE		☒ Change ☐ Addition
NAME	FISCHER, ROBERT J	5.2 NAME		
STREET ADDRESS	628 WHISPERING PINES CL	5.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY	5.4 CITY-ST-ZIP		14612
TITLE		6.1 TITLE	V	☐ Change ☒ Addition
NAME		6.2 NAME	JOHNSON, PAULA J.	
STREET ADDRESS		6.3 STREET ADDRESS	8906 BALCONES CLUB DR	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	AUSTIN TX 78750	

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)(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.

SIGNATURE: Elaine Newell Fischer ELAINE NEWELL FISCHER 3-14-95 (716)454-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0370617 CP