

# 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 22 AM 10:00

DOCUMENT # 636861

(7)

1. Corporation Name

INTERSTATE BROKERAGE, INC.

Principal Place of Business

Mailing Address

1407 RUPP LANE  
POB 1646  
LAKE WORTH FL 33460

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POB 1646  
LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/20/1979

3a. Date of Last Report

02/28/1994

4. FEI Number

59-1942341

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICHOLS, ROBERT B  
1407 RUPP LANE  
LAKE WORTH FL 33460

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 607.0509, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                         |
|-----------------|-------------------------|
| TITLE           | S                       |
| NAME            | NICHOLS, SR., ROBERT B. |
| STREET ADDRESS  | 2609 CARTER LANE        |
| CITY - ST - ZIP | LAKE WORTH FL 33460     |
| TITLE           | D                       |
| NAME            | DONATH, IRA C           |
| STREET ADDRESS  | 1125 NO. DIXIE HWY      |
| CITY - ST - ZIP | LAKE WORTH FL 33460     |
| TITLE           | VP                      |
| NAME            | JONES, COLLENE G.       |
| STREET ADDRESS  | 2601 CARTER LANE        |
| CITY - ST - ZIP | LAKE WORTH FL 33460     |
| TITLE           | T                       |
| NAME            | HOLDEN, PAT             |
| STREET ADDRESS  | 1407 RUPP LANE          |
| CITY - ST - ZIP | LAKE WORTH FL 33460     |
| TITLE           | P                       |
| NAME            | FRY, GEORGE R           |
| STREET ADDRESS  | 1151 POST LAKE PL #301  |
| CITY - ST - ZIP | APOPKA FL 32703         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |

|                     |                       |                                                                              |
|---------------------|-----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | P                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | Nichols, Sr., Robt B  |                                                                              |
| 1.3 STREET ADDRESS  | 2609 Carter Lane      |                                                                              |
| 1.4 CITY - ST - ZIP | Lake Worth FL 33460   |                                                                              |
| 2.1 TITLE           | VP                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | Donath, Ira C         |                                                                              |
| 2.3 STREET ADDRESS  | 1125 No Dixie Hwy     |                                                                              |
| 2.4 CITY - ST - ZIP | Lake Worth FL 33460   |                                                                              |
| 3.1 TITLE           | S                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | Jones, Collene G      |                                                                              |
| 3.3 STREET ADDRESS  | 2613 Carter Lane      |                                                                              |
| 3.4 CITY - ST - ZIP | Lake Worth FL 33460   |                                                                              |
| 4.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                       |                                                                              |
| 4.3 STREET ADDRESS  |                       |                                                                              |
| 4.4 CITY - ST - ZIP |                       |                                                                              |
| 5.1 TITLE           |                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            | Delete Fry as officer |                                                                              |
| 5.3 STREET ADDRESS  |                       |                                                                              |
| 5.4 CITY - ST - ZIP |                       |                                                                              |
| 6.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                       |                                                                              |
| 6.3 STREET ADDRESS  |                       |                                                                              |
| 6.4 CITY - ST - ZIP |                       |                                                                              |

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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; that I am or have been 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 amendment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7 /95

407-586-0558