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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **647487** **(8)**

1. Corporation Name

ASSOCIATED CUSTOMSHOUSE BROKERS, INC.

Principal Place of Business	Mailing Address
2800 S.W. 2ND AVENUE FT. LAUDERDALE FL 33315	2800 S.W. 2ND AVENUE FT. LAUDERDALE FL 33315

3. Date Incorporated or Qualified: **12/06/1979**
3a. Date of Last Report: **02/16/1995**

2. Principal Place of Business	2a. Mailing Address
21 3321 SW 11th Ave.	26 3321 SW 11th Ave.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: Ft. Lauderdale, FL	28 City & State: Ft. Lauderdale, FL
24 Zip: 33315 25 Country: Broward	29 Zip: 33315 30 Country: Broward

4. FEI Number: **59-1950575** ☐ 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	10. Name and Address of New Registered Agent
VOLKERS, PAUL 2800 S.W. 2ND AVENUE FT. LAUDERDALE FL 33316	81 Name: JANE M. VOLKERS 82 Street Address (P.O. Box Number is Not Acceptable): 3321 SW 11th Ave. 83 84 City: Ft. Lauderdale FL 85 Zip Code: 33315

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: X [signature] JANE M. VOLKERS - DIRECTOR 1-26-96
Signature, Typed or Printed Name of Registered Agent and Title, if Applicable (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VOLKERS, PAUL 2800 S.W. 2ND AVENUE FT. LAUDERDALE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director Jane M. Volkers 3321 SW 11th Ave. Ft. Lauderdale FL 33315	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director Scott P. Volkers 3321 SW 11th Ave. Ft. Lauderdale FL 33315	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 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: X [signature] 1-26-96 954-523-6411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)