

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719813 (8)

1. Corporation Name

COMMERCIAL INDUSTRIAL REAL ESTATE BROKERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2787 E OAKLAND PK BLVD
SUITE 212
FT LAUDERDALE FL 33306
US2787 E OAKLAND PARK BLVD
212
FT LAUDERDALE FL 33306-1646
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
12/08/19703a. Date of Last Report
03/20/19964. FEI Number
59-1315903Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

LINDOW ALLEN L.
3195 N POWERLINE ROAD
POMPANO BEACH FL 33069

81 Name

Frank B. Morrison

82 Street Address (P.O. Box Number is Not Acceptable)

871 E Commercial Blvd

83

84 City

Ft Lauderdale

FL

85 Zip Code

33334

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

Frank B. Morrison President

1/31/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LINDOW, ALLEN L.
STREET ADDRESS 3195 N POWERLINE ROAD
CITY-ST-ZIP POMPANO BEACH FL☐ DELETE1.1 TITLE PD
1.2 NAME Frank B. Morrison
1.3 STREET ADDRESS 871 E Commercial Blvd
1.4 CITY-ST-ZIP Ft Lauderdale FL 33334☒ Change ☐ AdditionTITLE VD
NAME HELLER, TOM J.
STREET ADDRESS 750 E. SAMPLE ROAD #228
CITY-ST-ZIP POMPANO BEACH FL☐ DELETE2.1 TITLE VD
2.2 NAME R. Bruce Smith
2.3 STREET ADDRESS 6400 N Andrews Ave
2.4 CITY-ST-ZIP Ft Lauderdale FL 33309☒ Change ☐ AdditionTITLE SD
NAME LEVY, ALAN M.
STREET ADDRESS 5353 N FEDERAL HWY #303
CITY-ST-ZIP FT. LAUDERDALE FL☐ DELETE3.1 TITLE SD
3.2 NAME Ann Marie Horevitz
3.3 STREET ADDRESS 2455 E Sunrise Blvd
3.4 CITY-ST-ZIP Ft Lauderdale FL 33304☒ Change ☐ AdditionTITLE TD
NAME MORRISON, FRANK
STREET ADDRESS 871 E COMMERCIAL BLVD
CITY-ST-ZIP FT LAUDERDALE FL☐ DELETE4.1 TITLE TD
4.2 NAME W. Nicholas Schill
4.3 STREET ADDRESS 190 W Glades Road #C
4.4 CITY-ST-ZIP Boca Raton FL 33432☒ Change ☐ AdditionTITLE D
NAME BANKS, LEE
STREET ADDRESS 1700 S. OCEAN LANE
CITY-ST-ZIP FT LAUDERDALE FL☐ DELETE5.1 TITLE D
5.2 NAME Kathleen Alberts
5.3 STREET ADDRESS 3195 N Powerline Rd
5.4 CITY-ST-ZIP Pompano Beach FL 33069☒ Change ☐ AdditionTITLE D
NAME DETTMAN, DOUGLAS R.
STREET ADDRESS 2170 SE 17 STREET
CITY-ST-ZIP FT LAUDERDALE FL☐ DELETE6.1 TITLE D
6.2 NAME Tom J. Heller
6.3 STREET ADDRESS 750 E Sample Road
6.4 CITY-ST-ZIP Pompano Beach FL 33064☒ Change ☐ Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97

954-566-5738

Daytime Phone # 0035745

CR2E037 (9/96)